HEALTH DE	PT.
death. If any delay is necessary, please b, and 3 to the fine of director. Page 5may be retained for your files. Ind 2 with the State Board of Health, 72 hours after death.	(
DEPUTY MEDIC LEXAMINER: This certificate should be executed within 24 hours after deoth. If any delay is necessary, please mexec. The certificate writing the word "pending" in pending in 18m, 18. Give Pages 1, 2, and 3 to the fine bill director. Page may be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Delay of DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, 1 or its designated agent, prior to burial, cremation, or removal, and in any creat with 72 hours after death.	5
exect the certificial Asia, A shall be forwarded by the certification of the certification or its designated agent	2

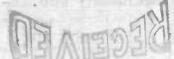
VS. A15ME 5M 2/57

		ME	DIÇAL	EXAMIN	ER'S	CERTIF	ICAT	E OF	DEATH	Reg. I	Dist. No	F3t	53
	LACE OF DEATH . COUNTY A	1430 llegany		MAR	YLAND	2. USUAL RESID	Md		d lived. If institu b. COUNT			fore odm	
Ь	city or town in ond give regrest town) Lonaco	outside corporate limits, write	RURAL C.	LENGTH OF STAY	IN 1b	c. CITY OR T		outside corpo nacon	rote limits, write	RURAL or	nd give r	earest to	own)
d		ad Street		l, give street addre	59)	d. STREET AD		ad Stu	reet.			ON	RESIDENCE A FARM? NO 3
	NAME OF DECEASED Type or print)	Alfred	<u>'</u>	Middle		Barnes		4. DATE OF DEATH	He He	b.	1000		Yeor 58
	male	6. COLOR OR RACE white	WIDOWED	DIVORCED	D	ec.	19	02	7. AGE (In years lost birthday) 55 yrs.	HUNDE Months	R 1YEAR Doys	Haurs	Min.
10o.	USUAL OCCUPATIOn uring most of working	N (Give kind of work of life, even if retired)	done 10b. KIND	OF BUSINESS OR	INDUSTRY	Klor	ce (Store o	e, Md.	untry)		S.		COUNTRY
13.	FATHER'S NAME Step	hen Barne	es			14. MOTHER'S M			ele Ba	rnes			
	NAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. SOC	CIAL SECURITY NO.		eorge I	Eich	horn)	Lonac		g,M	d.	
	PART I. DEAT	H [Enter only one county was CAUSED BY:	Co	oronary	occ.	lusion					INTE	sud o	len
	Conditions, if on gove fise to immed to), stoling the viceus tost.	nderlying DUE TO		oronary	art	hero s	cler	osis				•	?
CERTIFICATION	PART II. OTH) (c)	DITIONS CONTI							/EN IN PA		9. WAS PERFO YES 3	ORMED?
	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	TRIBUTING []		OW INJURY OCCU	KKED. (EM	rer noture of inju	iry in rait	I or Part II of	t item (a.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	Not while of work	factor	OF INJURY (Ho y, street, office b	ome, form, oldg., etc.)	20f. (City o	or fown)	(C	ounty)		(State)
		at I took charge resulted from: 1], Suicide	□, н	/ 泽, Ins lamicide [AMINER]	spectian 📑,		mann	er 🗌	nd in my
	Pyanthenie	V.Deming	M.D.					EXAMINER	Feb.1	1-19	58		
	REMOVAL (Specify) Burial	2/13/19		NAME OF CEMET		metery		Lona	ON (City, town,	, MD		(Stot	ie)
23.	GEORGE	EICHHORN	LONA	ACON ING	MD	2	AFEB	9 PY REGISTRA	0 0 0 0	STRAR'S \$	GNATU	RE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTASO TO STAD THESE

EB 18 1028



NSTRUCTIONS

may be retained by the hospital or attending

FUNERAL DIRECTOR: The law requires that the

physician death USB as

the attending

by should

been executed

certificate has

death certificate assembly

A15C 1-55 10M

detached

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this this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01364

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Allegany Maryland COUNTY Allegany COUNTY MARYLAND (it outside corporate limits, write RURAL and give naarast town) (If outsida corporata limits, write RURAL LENGTH OF STAY n and pive nearest town) a Vage (In this pleca) Mount Savage TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** STREET ADDRESS (First) (Middla) 4. DATE (Month) (Day) 3. NAME OF (Lost) (Yaar) DECEASED eb.20,1958 10 Thomas B. Birmingham (Type or Print) 7. SINGLE, MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR COLOR OR 9. A GE last birthday IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Hours (Spacify) LCOWED Feb.10,1877 Male White 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT OR INDUSTRY COUNTRY? done during most of working life, evan if CumberlandnMaryland retired Railroad employee Railroading 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bridgett McMahon James Albert Birmingham 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yas, give war or datas of sarvica) 712-14-1527 James Birmingham, Mt. Savage, Ma. INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19b. MAJOR FINDINGS OF OPERATION 2D. AUTOPSY 19a. DATE OF OPERATION YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21b. PLACE (Home, farm, factory, (County) (Stata) OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Yaar) Whila Not while at work at work 19 28 , to Fel 26 , 1928 ..., that I last saw the deceased 22. I hereby certify that I attended the deceased from ... and that death occurred at 0,00/M, from the causes and on the date stated above. alive on... ADDRESS (Straat, city, town, state) SIGNATURE DATE SIGNED BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stata) REMOVAL (SPECIFY) St. Patrick's Cemeter Mount Savage, Id. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE FEB 2 5 '58 Wheatil Himanan, Pa.

HTARG TO STADISTING

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MARYLAND STATE SHPARTHING OF HEALTH-EALTH-OFF, IS

BUREAU V. S.

FEB 25 1958

DECENSED

NEST NOCLORES

01365

1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, I o. STATE b. C. STAT	Reg. Dist. No.
MADVI AND	OUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits)	ALLEGANY write RURAL and give negrest town)
RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address)	e. IS RESIDENCE
OR INSTITUTION	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARY S BRADY BRADY	Month Doy Year FERRIARY 22 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
last bi	rthday) Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	
Housewife Own Home W. VA. 13. FATHER'S NAME	U.S.A.
	431 D .
DANTEL BAKING PARKER ELTZABETH KANGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	RX Rees Address
(Yes, no. or unknown) [(If yes, give wor or dotes of service)	
	perland, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSEL AND DEATH
IMMEDIATE CAUSE (0)	- Lyen
4 da, de DUE TO	
Conditions, if ony, which (b)	V
gave rise to immediate Couse (a), stating the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Decordores alcenea	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of iter OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	n 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
Hour o.m. While Nat while factory, street, affice bldg., etc.) p. m. 19 of work of work	
21. I certify that I attended the deceased from 1950 to 2-22-	1952 that I last saw the deceased
alive an 1: 24, 19 51, and that death accurred at 3 4M, from the co	
ADDRESS (Street, city,	
	man hallow Abl 23
ACTUAL SIGNATURE A TOPICO A CO TO TOPICO A CO TOPICO A CONTRIBIO A	
SIGNATURE M.D. / 691lesel 7/	
ACTUAL SIGNATURE M.D. / 691 Leaf 7/1	many or a la -
SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cit)	(, lown, or county) (Stole)
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City REMOVAL (Specify)	r, town, or caunty) (Stole)

FEB 2 6 '58

may re retained by the hospital or attending physician.

TO FUN L DIRECTOR: After this certificate has been signed by the attending physician and completely filled page. Mould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL

ofter death: Page 4

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ely filled by the funeral director, Poges 1 and 2 shauld be filed with

62

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, I

OHLIMAN

Same Wallet I

BUREAU V. &

EEB 86 1958



Mary Slider

53 (wife) Wina M. Brinkman, Cumberland, Nd

.al failure

rascular disease

s Mellitus

BUREAU V. S.

8561 9 8W

DECENARIO

o Hill

01367

ICA	ATE OF DEATH			Reg. Dis	t. No		
	2. USUAL RESIDENCE (Wh		1 COLLETY				ion)
AND	WEST	VIRG!	NIA b. COUNTY	HAMP	SHI	RE	
4 1Ь	c. CITY OR TOWN (If o	utside corpo	prote limits, write RI	JRAL ond g	ive nec	prest town	1) 🗸
	GREEN	SPRI	NG	8	5×	(3	
4	d. STREET ADDRESS					e. IS RES	FARM?
						YES [
	Lost	4. DATE OF	Mont	h	Da	y	Yeor
	BROWN	DEATH	FEBR	UARY	8	,	19 58.
X	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1			
	OCTOBER 18,	1957	4 MOS .yrs.	Months 1	Days	Hours	Min.
INDU:	STRY 11. BIRTHPLACE (Stote			12. CITI	ZEN C	F WHAT	COUNTRY
	CUMBERLA	ND, M	D.	-	U.	S. A	•
	14. MOTHER'S MAIDEN N	IAME					
	MARGUERITI	E DEA	N				
17. ft	NFORMANT		Addr	ess			
1	MEMORIAL HOSP	ITAL	- CUMBER	LAND,	MD		
dr	atione	eyebu	al Edec	occa	INTI	ERVAL BE	TWEEN DEATH
esp	1 -	fect	ion Sta	nding		lw.	eeic
H BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 1	PERFO	AUTOPSY PRMED?
	D. (Enter noture of injury in P						
Oe. PL/ foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (Cit)	y or town)	(Ce	ounty)		(State)
W	, 195 8, to 8	70	, 1958	that I le	ast so	w the	decease
leath	occurred at 6:23P						
			treet, city or town,				ATE SIGNE
XI.	M.D. Cecus	ula	w mo	/	-, 1	105	Tel M
	R CREMATORY	22d. LOCA	TION (City, Iown, o	r county)		(Stot	0)
4 6	Flenh	Grie	en spri	na		W	V7.

ZAL REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

BUREAU V. S.

EEB 13 1828

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TO HOSPITAL OR

page 3 July TO FUN

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1373 **CERTIFICATE OF DEATH**

Rea. Dist. No

01368

1. PLACE OF DEATH	Hamman		MARYL	15	USUAL RESIDENCE (W		d lived. If instituti b. COUNTY				ion)
	egany If outside corporate limi	ha comitan	c. LENGTH OF STAY I		Mary!				11eg		
RURAL and give n	earest town)	is, write	C. LENGIH OF SIAT I	NID	c. CITY OR TOWN (IF		profe limits, write F	UKAL ond	give ne	arest town	1)
Cumber1	and				Cumber]	Land					
OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					e. IS RES	FARM?
	26 Greene S	it.			26 Gr	ceene S	St.				NO 🔯
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mor	th	De	ру	Yeor
(Type or print)	JOHN	ALF				DEATH	Feb.				19
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D B. C	ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	R 1 YEAR	Hours	R 24 HRS.
Male	White	WIDOW	ED DIVORCED		July 12,18	399	58 yrs.	Monins	Doys	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. C	ITIZEN C	OF WHAT	COUNTRY
Chauffeur	king life, even if refired		Taxi cab.		Saxton.	Pa.			11. 5	. A.	
13, FATHER'S NAME			TELL OUDS	11	4. MOTHER'S MAIDEN				0	7. 44.	
110	d T Dansey										
	d L. Bryan	CECO In	COCIAL ACCUAITMENT	117 11/25	Emma Le	eonard					
15. WAS DECEASED EVE	(If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO.				Add				Mo
No		2	20-10-8783	Mrs.	Harry Whi	te, 26	Greene S	st.,	Cumb	perla	nd, M
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]		. 1	0			INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	. Po	winomo.	21	o moral	rela	m -		ON	SET AND	DEATH
153.3	DUE TO		n	A	7 2-	1000					
,00,0		0.0		00/1	1 11-	11					
Conditions, if o	mmediate) yes	newwy		Imelas	(N-21	> 10				
cause (a), stating		(V)									
lying couse lost.) (c	1 Xn	res per	lane	sir-						
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	19. WAS	AUTOPSY
3			· ·						2.7	YES [NO 🗍
PART II. OTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Port I or Par	t II of item 1B.)				
20c. TIME OF INJUR Hour a. m.	Y Month, Doy, Yes	or 20d. If While	NJURY OCCURRED Not while	20e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	m, i 20f. (City c.)	or lown)		(County)		(State)
₹ p. m.	19		k at work			7					
21. I cartify th	at Lattended the	deceas	ed fram. 5/10/	/	, 19.57, to a	1 . 1	110/ 1058	that I	lors -	au sha	doces
alive an	2/.7	10	and i								
dive an2	10	17	and that	ueath ac	curred at 10:00				the do		
ACTUAL /	29/ 1/1/	//	()		21 11	MUNKESS (2)	treet, city or town,	stote)	20.00	1 /	ATE SIGNE
SIGNATURE	1/0 1/1.	110	nl	M.D	36 Mu	me 11	- (simber	land"	1400	/10/	58
PHYSICIAN'S	13. 23. 4. 27	7 /0-	4							//	
NAME (Type)	Dr. Earl E	. Pa	ul M. D.		36 Green	St. (Cumber 1ar	nd, M	d.		
22a. BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR CE	EMATORY	22d. LOCA	TION (City, town.	or county)		(Stote	e)
REMOVAL (Specify)	Feb. 12.1	1958	St. Lukes	Ceme	terv	Cin	mberland	Md.			
23. FUNERAL DIRECTOR			ADDRESS	001.10		D BY REGIST			IGNATU	RE	
Charles L	. George.	Cumb	erland, Md.					,	-1		
	- 7		,		DATE	7 50	1312	-	-		
					FEI	313 30	CONT	- Approx			

BUREAU V.

NATURAL STATE OF ANTHEONY OF THE STATE OF TH

DERPHOATE OF DEATH

b. #

ES61 83 1928

BECEIVED

VS A15 (4)

15M 9/55

PLACE OF DEATH

b. CITY OR TOWN (If out

d. NAME OF HOSPITAL (OR INSTITUTION

RURAL ond give negres

425 Beal

Alle

Cumb

o. COUNTY

NAME OF DECEASED

5. SEX

(Type or print)

Female

13. FATHER'S NAME

No

0

10a. USUAL OCCUPATION (

during most of working

Edwin C.

House keep

IS. WAS DECEASED EVER IN

18. CAUSE OF DEATH PART I. DEATH V IM

Conditions, if any,

gove rise to imme coese (o), stoting the

lying couse lost.

MARYLAN 1374	D STATE DEPARTM	ATE OF DEAT			01369				
gany	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased lived. If institute b. COUNT						
ide corporote limits, write town) erland	c. LENGTH OF STAY IN 16								
f not in hospital, give street 1 Street		. STREET ADDRESS	Beall Street		e. IS RESIDENCE ON A FARM? YES NO				
First Caroli,	Middle	lost Burke		onth Day					
	ARRIED ARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept 27-]	9. AGE (In year lost birthday)	Months Days	Hours Min.				
ive kind of work done life, even if retired)	Ob. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Sto	te or foreign country) /irginia		F WHAT COUNTRY				
Pickett			Baker						
U. S. ARMED FORCES? give wor or dates of service)		informant awerence A	D = 1-1-	mberland	. Md				
Enter only one couse per AS CAUSED BY: REDIATE CAUSE (o)	line for (o). (b). and (c).]	Myoca	irditis	INTE	RVAL BETWEEN ET AND DEATH				
DUE TO	* Maras	en ofl	Ege -						
nder- DUE TO (c)		(
GNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	EVEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED?				

CATION PARE-IL OTHER YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m.

21. I certify that I attended the deceased from ____that I last saw the deceased and that death occurred at January, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL 122 S. Centre St .- Cumberland, Md. PHYSICIAN'S

Richard Williams M.D. NAME (Type)

22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Feb 19-22c. NAME OF CEMETERY OR CREMATORY 19-58 Hillcrest Park Cumberland Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

Ruth E. Silcox Cumberland Maryland

22d. LOCATION (City, town, or county)

(Stote)

-BALTIMONE, TO				
		ORDERO - J		
			" See	
Table 1 and		SENTING ST		
			A SHE SHARE SHEET	
	TEATHER THE		- DOOLTER	
	ni užeti			
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		Charles of the original		
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and the second	iv 839	Trenditive .	Amen Ja tana	AN DEBENS
	No Laborator Del			September 1
	a line		S. Francis	0.3
	Total and	CITY OF THEY	True de la companya della companya d	
SATTLE Campell and S	.A econtem			~ / P
		The state of the s		
ROKERO				
BUREAU V. S.				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Dist	Nia			

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be related by the hospital ar attending physician.

TO FUN DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page a full be detached for use as the burial-transit permit. Then please remove carbon pages? Pages I and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5S

TO HOSPITAL OR

	CERTITIO	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvla	b. COUNTY	tion: Residence before admission) Y Alle gany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		1117		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	6 days	d. STREET ADDRESS	ma	e. 15 RESIDENCE
Sacred Heat	rt Hospital	13 No	orth Waverly	Terrace YES NO N
3. NAME OF First DECEASED (Type or print)	Middle	Lost	OF	uary 27 1958
E.11 Z.2 DE	RRIED THEYER MARRIED	B. DATE OF BIRTH	T. COT (
Female William Willow	WED DIVORCED	September !	9. AGE (In years lost birthdoy) 23.1874 83 yrs	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	b. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTR
Telephone Operator		Pa.	AME	U.S.A.
				mith
Samuel Gogley 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 11 (Yes, no, or unknown) (If yes, give wor or doten of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	0 0	dress
(Yes, no. or unknown) No	None	Pt.'s Chart		
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: GO! IMMEDIATE CAUSE (o) DUE TO	line for (o). (b). and (c).] ngestive Heart	Failure		ONSET AND DEATH
Conditions, if any, which gave rise to immediate	teriosclerotic	Heart Disease		20 yr.
	emic Poisoning			l wk.
FAM II. OTHER SIGNIFICANT CONDITIONS Generalized arterios			NAL DISEASE CONDITION GI	PERFORMED?,
	SCRIBE HOW INJURY OCCURRE	<u> </u>	art I ar Part II of item 18.)	YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. Haur a. m. Whil		ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)		(Caunty) (State)
21. I certify that I attended the decedalive on Hebruary 27.	58, and that death	occurred at 7.08	ruary 27, 1950 M, from the causes cappress (Street, city or town d, Maryland.	that I last saw the decease and an the date stated abov , state) DATE SIGN
PHYSICIAN'S NAME (Type) Dr. J.P. Hallina	n	140	Bedford Stre	et
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 3/1/58	Rose Hill		22d. LOCATION (City, town, Cumberland,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
John J. Hafer, Cumber	land, Md.	DATE MA	R 4 '58 QU	Leduch

by but the bear the back

. . AND TRANSPORT OF MELL STREET, BUREAU V. R.

8361 2 RAN . 1958



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NUMBERS OF BRIDING

THE REPORT OF THE PROPERTY OF THE PARTY OF T

EEB IO JOES

STANSBUTO SI WILLIAM STATE OVIDANIA I

TOTAL STATE

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITAL OR moy be retained TO FU L DIRI page ould b the registor price

VS A15 (4) 15M 9/55 6

ours after death. Page 4

ARYLAND STA	TE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1377	CERTIFICATE	OF DEATH	

01372 Reg. Dist. No.

1. Pi	LACE OF DEATH	FGANY		MARYLAND	2. USUAL RESIL	MARYT		lived. If institution b. COUNTY	N.T.E. A		e admiss	ion)
Ь	. CITY OR TOWN (IF	outside corporate limi	s, write	c. LENGTH OF STAY IN 16	c. CITY OR			ate limits, write R			est town)
	CUMBERLAN			3 DAYS	X TAVA	ALE. C	TTY					
d		AL (If not in hospital, g	ive street	oddress)	d. STREET A						. IS RES	IDENCE FARM?
3	SACRE				1.026	NATIO	NAL HO	H. WAY				NO 🗌
3. N	IAME OF	Fir	-	Middle	Los		4. DATE	Mon	th	Day		Year
Ü	Type or print)	HAZEL		E	BURKET	FT	OF DEATH	FEB.		23		1958
5. SI	EX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DATE OF BIRTI			9. AGE (In years lost birthday)	IF UNDER Months			
	FEMALE	WHITE	WIDOW	ED DIVORCED	JULY 7.	, 189	94	63 yrs.	Monins	Days	Hours	Min.
10a.	during most of work HOUSEWO	N (Give kind of work on life, even if retired	done 10b.	OWN HOME		ACE (SION		untry)	100	S.A	TAHW	COUNTRY
13. F	ATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME			100		
		GEORGE '	LOAR		THETH	A PL	DAR					
15. V	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ess			
		707, 910 1101 01 0010		NONE		PTS. C	HART.					
		TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a	1	ne far (a). (b), and (c).]	17	ho	Leze	144	- <u> </u>		ET AND	
Н	33/X Conditions, if an			Erterio	exele		^	Cen	-	13	14	20
Н	gave rise to in couse (o), stating t lying cause lost.	mediate (age	rle	- 6-2	Congle.	-1				
ATION	PART II. OTH			CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	PERFO	AUTOPSY RMED?
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature a	if injury in f	Port I ar Part	11 of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Yes	20d. If While at war	Nat while fo	LACE OF INJURY (actory, street, affice			or tawn)	(0	ounty)		(Stole)
	ACTUAL SIGNATURE	RATA	deceos , 19	Municipal of the deet	h occurred of		M, from	the couses cost, city or lown.	nd on th		e stote	
1	BURIAL, CREMATION			22c. NAME OF CEMETERY	OR CREMATORY		204 10047	ION (City, town, o				
BI	REMOVAL (Specify)	2-23-10			ETERY			KHART.	A county)	(I)	(State	e)
-	UNERAL DIRECTOR'S			ADDRESS		24a. REC	D-BY REGISTE		STRAR'S SIC	NATUR	E	
	J. R. Di	URST, FRO	STBU	JRG, MD.		DATE	EBX 0	00	thedi	uch		

HTAEG ROTE OF DEATH

BUREAU V. S.

LEB 36 1828

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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	1
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1417 CERTIFICATE OF DEATH

Reg. Dist. NJ.1373

1. PLACE OF DEATH o. COUNTY	Allega	ny	MAR	YLAND	2. USUAL RESIDENCE o. STATE Mai	(Where deceased ryland	lived. If institution b. COUNTY	8 79 79	ce before odmission	,
RURAL and give	(If outside corporate limineorest tawn) tburg	ts, write	8 hrs.	Y IN 1b	a. CITY OR TOWN	(If outside corpor ostburg		URAL and g	give nearest town)	
d. NAME OF HOS OR INSTITUTIO Mine	PITAL (If not in hospitol. (rs Hospita	ive street	address)	d. STREET ADDRESS 21 Uhl Ste					e. IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	FRANCI		DE SAI		Lost CHAMBERS	4. DATE OF DEATH	FEBRUA		Doy Yeo	58
5. sex male	o. color or race	7. MARR	RIED NEVER MARR		DATE OF BIRTH 9-1-1892		9. AGE (In years last bigHhday) 9. yrs.		Doys Hours	Min.
Painter	TION (Give kind of wark orking life, even if retired		KIND OF BUSINESS			tote or foreign co yland	ountry)		J. S. A.	DUNTRY?
John C	hambers				Mary Mc		r			
15. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give war or dates of t	ervice)	SOCIAL SECURITY NO 16-14-14!		s. Annie	Chambe	ers, Fro		urg, Md.	
Canditions, if gave rise to couse (o), stotic lying cause los	immediate DUE TO)	Cong	on	Cho f	erlur erminal disease	condition GIV	IL O	PERFORM	TOPSY LEDZ
20c. TIME OF INJ Hour o. n p. n 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAI	that I attended the	ar 20d. II While of wor	NJURY OCCURRED Nat while at work at work	20e. PLAN factor of the state o	(Enter noture of injury EE OF INJURY (Home, rry, street, office bldg., 1958, ta., accoursed at 250. MDFROS CREMATORY	form, 20f. (City, etc.) Pelly MM, fram ADDRESS (SH RD AC	or town)	S, that I I and an the stote)	last saw the de	
REMOVAL (Speci Burial 23. FUNERAL DIRECTO J. R.	DR'S SIGNATURE	958		nael'	s Cemete	ry Fros	thurg,	Md		

. . BUREAU V. S. 8361 61 EB: 0 - 1

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

1378 CERTIFICATE OF DEATH

Reg. Dist. No. 01374

1. PL	ACE OF DEATH COUNTY	egany.			MARYLAND	2. 0	JSUAL RESIDENCE. STATE	CE (Who	-		institutio OUNTY		nce befo		ion)	
	CITY OR TOWN (IF RURAL ond give ne	outside corporate lim arest town)	ts, write		OF STAY IN 16		c. CITY OR TOW	N (If or	utside carpo	rate limits,	write RI				1)	
		rland AL (If not in hospital, g	ive stead		lays	10	d. STREET ADDRESS									
ŭ.	OR INSTITUTION	At the nor in nospilor, t	jive sireei	dodressj									FARM?			
		Sacred He	art	Hospita	2	1	11 Weber Street							YES NO		
3. NA	AME OF	Fin	st		Middle		Last		4. DATE OF		Man	th	Do	у	Year	
	ype or print)	Lor	en	F	Howard		Chan	ey	DEATH		2		1	7	19 58	
5. SE)	X	6. COLOR OR RACE	7. MAR	RIED NEVE	R MARRIED	B. DA	TE OF BIRTH			9. AGE (I	n years			IF UND	R 24 HRS.	
	Male	White	WIDOW	يتيا	DIVORCED [1	2/25/76			lost bir	thday)	Manths	Days	Hours	Min.	
10a. L	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUS	SINESS OR INDI	JSTRY	11. BIRTHPLACE	(State o	ar foreign co	ountry)		12. C	ITIZEN O	F WHAT	COUNTRY?	
V	Varenous	eman	' G	rocer	У		Ma	ryla	and				11	S.A.		
13. FA	THER'S NAME					14.	MOTHER'S MAI	- 64					0.1	0.041.		
	Loonar	d Chaney						Harr	riett	Ann '	Parl	et.t.				
15. W	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECU	RITY NO. 17.	INFOR		HOLL	12600	Atmi.	Addr					
(Yes, n	NO (1	f yes, give wor or dates of s	ervice)	12 2/	5535			O1			7,00					
			- 12	1) 24		Pa	tient's	Gna	art							
		TH [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (o		ine for (a), (b),	ond (c).]	e	c W	le	100	wat	il	1		ERVAL BE		
	11221	DUE TO							7				- 4	200	· mu	
	Conditions, if an							V								
	gave rise to in	mediate						-								
	couse (a), stoting t	he under. DUE TO	70.50										- 0			
	lying cause lost.) (c														
6	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING	G TO DEATH BU	TOOT	RELATED TO THE	TERMIN	NAL DISEASE	CONDIT	ION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY RMED?	
3		12	le	af (lel	Ce	exel	1/07	elle 1	Seed	Co	Pet 17	Carlo		NO 19	
oc C	Oa. ACCIDENT WAS OR CONTRIBUTING OF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IT	NJURY OCCURR	ED. (En	ter nature of inju	ery in Pe	art I ar Párt	II of item	1B.)	7				
		Month, Day, Ye	- 201	NJURY OCCUP	20- B	IACE C	NE IN 1111 IN 111		loor rev							
MEDICAL	Hour a.m.	19	While		le_ fe	actory,	OF INJURY (Hame street, office bld	g., etc.)	201. (City	ar town)			(County)		(State)	
2	1 cartify the	at Lattended the	decease	ad from	2-	15	1050		2-	117	10 5)	About 1	1	.1		
		7 - 17:	186	1. X	1.1		, 17,20, 10	ZAL	6						deceased	
a	live on	1	19:	1-U-,-, an	id that deat	h acc	urred at	TOT	∴M, from	the ca	uses a	nd an	the dat	te state	ed above.	
	CTUAL	11	V.				110.	^	ADDRESS (St	reet, city o	r town,	state)	0	111/	TE SIGNED	
Si	CTUAL	VA.	re	eno-	2/2	M.D.	1620	UL	el 7	7 /	ul	keel	(rod	a ma	2-18	
PI	HYSICIAN'S	or Torac 1	Ioh	nson	//					,0						
		N. 226. DATE THEREC			ONCEMETERY O	OR CRE	MATORY		22d. LOCAT	ION (Cir-	town.	r county)		(State	,	
	REMOVAL (Specify) Burial		58	Нілл			meterv			berl	_	ñā -	3	(21016	=1	
23. FU	INERAL DIRECTOR'S			ADDRES		00			BY REGISTI			TRAR'S SI	GNATUR	E		
	Byron	Kight C	umbe	erland	. Md.				B 2 4 '5			Lear				
	~				7 212 3		DAT	LE P -	U A .							

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BUREAU V. S.

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PH	this	or us	remo
SING	After	ed fo	iol, c
Z	OR:	etach	bur
RA	d by	be d	ar to
TO HOSPITAL OR A ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4	may be retained by the hospital or ottending physician. TO FUNE DIRECTOR: After this certificate has been staned by the attending physician and completely filled to the funeral director.	poge 3 I'ld be detached for use as the buriol-transit permit. Then please remays corban papers. Pages 1 and 2 should be filed with	the registation prior to buriol, cremotian, ar removal, and in ony event within 72 hours offer death.
SPITA	De, Se	3	gisth
H	FUN	oge	he re
5	10		=

VS A1S (4) 15M 9/5S

1-1-5G

									Wall Dis	, 110.	
1. PLACE OF DEATH o. COUNTY A 7	legany	73	MARY		o. STATE	NCE (When		lived. If institution b. COUNTY	All		
b. CITY OR TOWN (I	f autside carporate limi	ts, write	c. LENGTH OF STAY	IN 16				ate limits, write R		_	
Frostbu			10 wks.	1	9 Fros	tbur	0"				
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street			d. STREET AD		5				. IS RESIDENCE
OR INSTITUTION					1 120		t St	ma a t			ON A FARM?
	Hospital										YES NO
3. NAME OF DECEASED (Type or print)	ELSIE	3	MAE MAE		CLARK		4. DATE OF DEATH	Mon		10	Year 1958.
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D B.	DATE OF BIRTH	BU TON		9. AGE (In years			F UNDER 24 HRS.
Female	White	WIDOW	ED DIVORCE		1-28-18	392	- 011	6566 yrs.	Months [Days	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS O				r foreign co	untry)	12. CITIZ	ZEN OF	WHAT COUNTRY
during most of work	king lite, even it refired)	Own home					y.Md.		II. S	. A.
Housewo)1,K		OWII IIOME		14. MOTHER'S M			y , Ince .		0.0	. 42.0
T) 4 - 3 3	T - D				Mary .			20			
Richard 15. WAS DECEASED EVE		CESS 14	SOCIAL SECURITY NO	. 17. INFO		WITCO	a MOC	Addr			
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	SOCIAL SECORITI NO			. 5				a .	D 3:
			None		. Beul	ah Re	eine,	1266 J	ames	St.	Balto
The second secon	TH WAS CAUSED BY:	/	ne far (a), (b), and (c).	10 -							T AND DEATH
LLLLLX	IMMEDIATE CAUSE (a	-	11 1		- X					-	1777
		1/8	whort							-7	1141111
Canditions, if a	mmediate		11th a	na	left (and a	Juli De
coese (a), stating lying cause last.		/	/ /							/	
	J (c		CONTRIBUTING TO DEA	TH OUT NO	T DELATED TO T	HIE TERMIN	AL DICEACE	CONTRIBUTION	F1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		WAS ALTONS
PART II. OTH	TER SIGNIFICANT CON	DITIONS !	alete	1 - /	Siahi	UE	OLE 14	Kene	EN IN PAKI		PERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	Enter nature of i	injury in Po	irt I or Part	II of item 18.)			
3 20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PLACI	OF INJURY (He	ome, farm,	20f. (City	or town)	ICo	ounty)	(State)
20c. TIME OF INJUR Hour a. m. p. m.	19	While at wor	Not while	factor	y, street, office b	oldg., etc.)				,,,	
				1 1200			- //	~ ~			
21. I certify th	at I attended the	deceas	ed from	26	, 19,	to	-desifor-	16, 19.2%	_,that I lo	ast sav	w the deceased
alive on	CK/0	. 19	20, and that	death o	ccurred at_/	0401	M, from	the causes a	nd on the	e date	e stated abave
	1. 0 1	7 x	0'			A	DDRESS (St	eet, city or town,	state)	Same	DATE SIGNE
ACTUAL SIGNATURE/	11/1/11	4	ano	M.I).	1-2	12/1	Luca,		4	et 12
PHYSICIAN'S NAME (Type)	4100	YC	line		/			my		/	459
220. BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCAT	ION (City, town, o	or county)		(State)
REMOVAL (Specify)	2-13-58		Frostbur	7.11		100		rostbur			Md.
23. FUNERAL DIRECTOR		fer		lome			BY REGISTI		TRAR'S SIGH	NATIDE	
Freelah H	Wonteent		Main Fros			CLD	1 8 '58	Cir.	educe	Z	-

HIALO TO STADRIYED TO SEL action to the control of the transfer of the second a linear size of the bay and a side of the be-EEB 10 10 9 property and the contract of the same sway, DA . PSDGD ROOM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1379 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 01376

1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit o. STATE Maryland Allegany	ssion)
b. CITY OR TOWN (If outside corporate limits, wring RURAL and give nearest town) Cumberland	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to 2 Cumberland.	vn)
d. NAME OF HOSPITAL (If not in hospital, give strong National Supplies of the National Lane	eet oddress)	ON DA	SIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) Lulu	Middle Edna	Conover 4. DATE Month Doy OF DEATH Feb. 3	Yeor 19 58
Female White wind	OWED DIVORCED	B. DATE OF BIRTH March 22, 1887 9. AGE (In years left UNDER 1 YEAR IF UNI Months Days Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11.0USEWITE	Own Home	STRY 11. BIRTHPLACE (State or foreign country) Coshocton, Ohio 12. CITIZEN OF WHA	
13. FATHER'S NAME Edward J. Kuntz		14. MOTHER'S MAIDEN NAME Nell Crawley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT Address S. Charles W. Whetzel 806 Elmwood Lane	Md. Cumb
LE L	O NS <u>CONTRIBUTING TO DEATH B</u> UT	YES [
20c. TIME OF INJURY Month, Day, Year 20d Hour o. m.	d. INJURY OCCURRED 20e. PL/	D. (Enter nature of injury in Port I or Port II of item 18.) ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.) (County)	(Stote)
21. I certify that attended the dece alive an	Sey, JV	12, 19, ta 13/18, 19, that I last saw the accurred at 11:20PM, fram the causes and an the date sta ADDRESS (Street, city or town, state) M.D. 456 N. Centre St., Cumberland, Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/6/58	22c. NAME OF CEMETERY OF Hillcrest Bu	R CREMATORY 22d. LOCATION (City, town, or county) (Ste	ote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS berland, Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 1 0 '58 Oll Lauch	

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BUREAU V. 2.

FEB 10 1953

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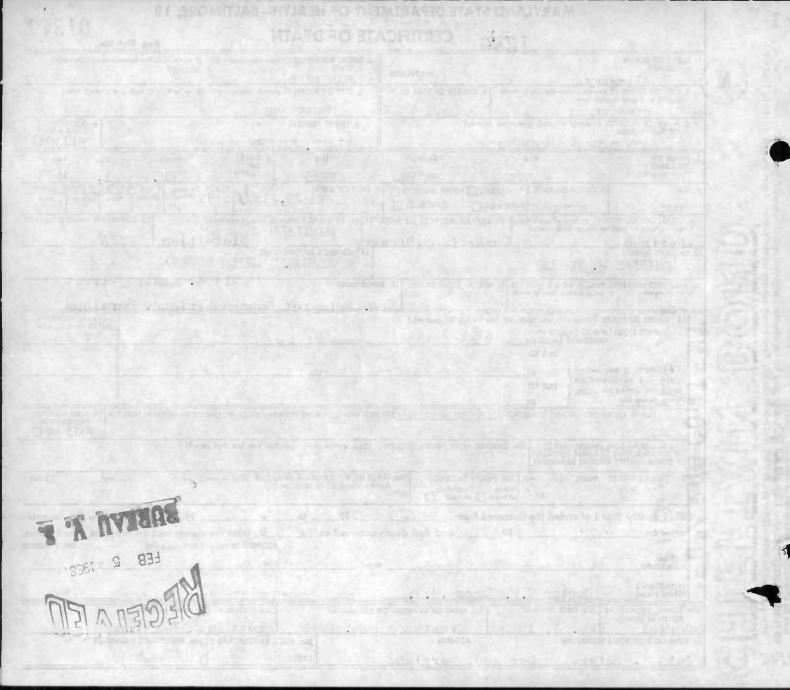
5.8			•	Reg. Dis	t. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (WI			ce before admission)
o. COUNTY	MARYLAND	o. STATE	b. Co	OUNTY	10000
Allegany		MARYLAND		697	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		write KUKAL and g	ive negrest town)
CUMBERLAND	3 Days	CUMBERTAL	NID		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL			NTRE STREET		YES NO
3. NAME OF First	Middle	Lost	4. DATE OF	Month	Day Year
(Type or print) JOHN	SMITH	CONRAD	DEATH	FEB.	1, 1958
5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	8. DATE OF BIRTH NOVEMBER 29.	100 AGE (III		1 YEAR IF UNDER 24 HRS. Days Hours Min.
MATE WHITE WIDOWE	D DIVORCED	MOVEMBER 27,	72893 1095	yrs.	ouys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU			12. CITI	ZEN OF WHAT COUNTRY
and the state of t	mberland Brew	MARYLAN	Midlot	hian I	USA .
Retired Cur	mer radu, prev	14. MOTHER'S MAIDEN I		LL COLL	UNJAK .
CHARLES W. CONRAD			T SMITH COI	TRAD	
			714 N	. Centre	Street
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT	117 11	· Address of	~ 61 66 6
noo	Mr	s. Margaret	BoneCumher	rland, Ma	arvland
18. CAUSE OF DEATH [Enter only one couse per lin		^			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(3)				ONSET AND DEATH
1MMEDIATE CAUSE (o)	· entral	humorhi	uge		Zolugo
33/X DUE TO	A A	Λ.			U
Conditions, if ony, which) (b)	() tiniz	alleronis			
gave rise to immediate					
cosse (o), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
3					YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item	18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	UURY OCCURRED 20e. Pi	ACE OF INJURY (Home, form	n 20f (City or town)	10	County) (State)
Hour o. m. While	Nat while fo	ctory, street, office bldg., etc	:.)	10	county) (state)
p. m. 19 at work				IN ALE A	
21. I certify that I attended the decease	ed fram. 1-29	, 19.5 ⁻ 2, to	2-1	10 58 that 1 1	ast saw the decease
	700		_		
alive an /- 5/ 193	, and that death	accurred at 10 92			ne date stated above
1	1		ADDRESS (Street, city of	r town, store)	DATE SIGNE
SIGNATURE William P	Allenn	M.D. 4	41 H. Cear	E SY:	3-1-58
PHYSICIAN'S			0 0	0	
NAME (Type) Doctor W.P.	Tames M.D.	Cu	mubel an	of sand)
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City	, town, or county)	(Stote)
Burial Heb. 3, 1958	Frosthure	Mem. Park	Frostburg	-	nd
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			b. REGISTRAR'S SIG	
		DATE E		2021	
John Hafer umberla	nd. Maryland	DATE C	0 3 00	W. P. ROW	

leath. Page 4 ely filled y the funeral director, Pages 1 and 2 shauld be filed with NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs sined by the haspital ar attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled ld be detached for use as the burial-transit permit. Then please remave carbon papers, priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR AY
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VS A15 (4) 15M 9/SS



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LOR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4	DIRECTOR: After this certificate has been signed by the attending physician and campletely filler by the funeral director, und be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with repriar to burial, cremation, ar remaval, and in any event within 72 haurs after death.	
OR	d be	
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TO HOSPITAL OR may be retained.
TO FUT AL DIRECTOR PAGE ON THE PAGE ON THE PAGE OF THE PAG VS A15 (4) 15M 9/55

			381	CERT	IFIC	ATE	OF DEA	ATH		Reg.	Dist. No		
1.	PLACE OF DEATH a. COUNTY Allegany			MAR	YLAND	9	JSUAL RESIDENCE STATE Maryland	E (Where decease	P. CONV.		ence befo	are admis	ion)
		f autside corparate lim	its, write	c. LENGTH OF STA	Y IN 1b	-	CITY OR TOWN	(If autside carp			d give ne	arest taw	1)
	Cumberla			ll days		X	Cumberla	nd					
Γ	d. NAME OF HOSPIT	AL (If nat in haspital, g	give street	address)			d. STREET ADDRES			-		e. IS RES	SIDENCE FARM?
L		Sacred He	art H	lospital			Christy :	Road,	Route #4				NO IO
3.	NAME OF DECEASED (Type or print)	Laura	rst	Alice	le		Lost	4. DATE OF DEAT		anth	7	'	Yeor 1958
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	RIED 🔲	8. DA	TE OF BIRTH		9. AGE (In year lost birthday			4	ER 24 HRS.
	Female	White	WIDOWE	-	_	Ap	ril 25.	1877	1 80 yr		Days	Hours	Min.
10	during most of work	ON (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	ISTRY	11. BIRTHPLACE (State ar fareign	country)	12. 0	TITIZEN (OF WHAT	COUNTRY
L	Housewif			Own home			Kennell:	s Mills	, Penna.		U.	S. A.	,
13.	FATHER'S NAME					14.	MOTHER'S MAID	EN NAME					
,	Samu	el Boyer					Lydi	a Kenne	11				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17. 1	INFOR	MANT		Ac	dress			
	No.			None	M:	r.	Lester C	ook Rt	. # 4 Cu	nber1	and,	Md.	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Us.	e far (o), (b), and (c)	1.]	a	tern	elen	tin H	ent		ERVAL BE	
	Conditions, if or gave rise ta ir cause (a), stating lying couse last.	mmediate (<u></u>	drent	rc	2	leront	ersa	time				
FICATION		ELINIDERNYING								IVEN IN PA	ART 1(a)	PERFO	AUTOPSY RMED?
L CERT	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	TRIBE HOW INJURY (JCCURKE	נט. (בחי	rer nature ar injur	y in Part I ar Pa	irr II or item 18.)				
MEDICA	20c. TIME OF INJURY Haur a.m. p.m.	Y Manth, Day, Ye	While	Nat while at work	20e. PL fo	ACE C	OF INJURY (Hame, street, affice bldg.	farm, 20f. (Ci , etc.)	ty ar tawn)		(Caunty)		(State)
	ACTUAL SIGNATURE	at I attended the	19 g	and the	teath	M.D.	, 1950, ta urred of 0:4 439	LUP M Pro ADDRESS (m the couses	and on		te state	decease ed abave ATE SIGNE
220	BURIAL, CREMATION REMOVAL (Specify)	2/20/58	F	22c. NAME OF CEM					ATION (City, town			(State	»)
23.	FUNERAL DIRECTOR'S	S SIGNATURE L. George	Cumb	APDRESS perland, M				REC'D BY REGIS	STRAR 246 REC	SISTRAR'S S	IGNATU	RE	

	THE STREET HOURS OF COMMISSION AND THE STREET
	Charles (March 1994)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEET PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND Allegany Allegany b. CITY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland 1) Cumberland Rurall d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS In auto at Dishong Atlantic Service Station- 519 Prince George St. ON A FARM? YES NO ROK 3. NAME OF Middle DECEASED James Vernon Courtney 58 (Type or print) DEATH Feb. 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months white WIDOWED | male DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Agent-Prudential I Girand Ala. U.S.A. Insurance Co. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry V. Courtney Willie M. Green 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) Harold Ritter, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: sudden Coronary occlusion IMMEDIATE CAUSE (o) about 420. DUE TO Coronary sclerosis with angina syndrome yrs. Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS PERFORMED? NO P 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) at work at work 21. I certify that I took charge of the remains described obave, held on Autopsy . Inspection ** Inquiry . CTOR opinian death resulted from: Natural causes 🔻, Accident 🔝, Suicide 🗍, Hamicide 🧻, Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ā ASSISTANT MEDICAL EXAMINER **EXAMINER'S** H.V.Deming M.D DEPUTY MEDICAL EXAMINER F Feb. 6-1958 NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Feb. 9, 1958 Hillcrest Burial Park Cumberland, Maryland Burial
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland DATE

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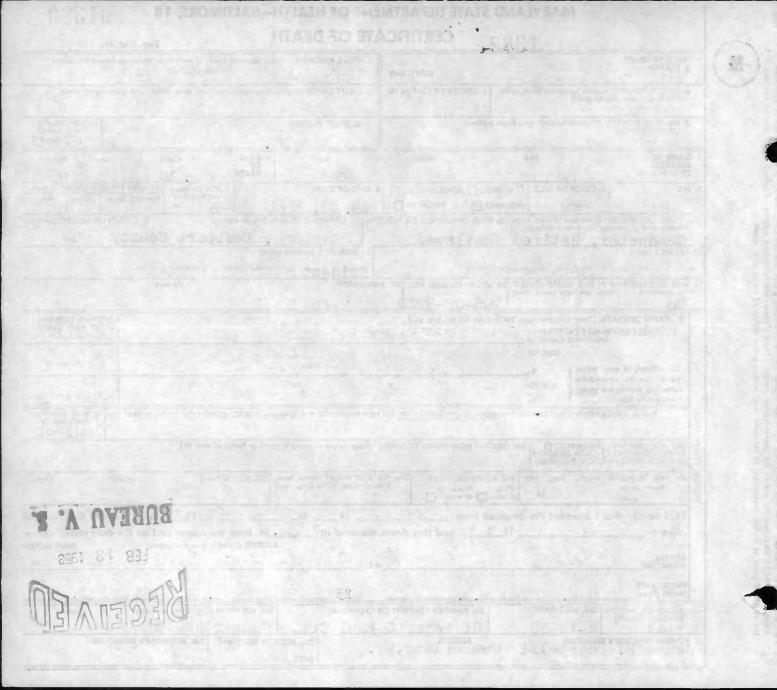
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		138	2 CERTIFICA	TE OF DEATH	1		Reg. Dist	No.		
1.	PLACE OF DEATH O. COUNTY ATJUEGANY		MARYLAND	2. USUAL RESIDENCE (WI o. STATE MARYLAND	nere deceased liv	b. COUNTY	n: Residence		odmissio	on)
F	b. CITY OR TOWN (If RURAL ond give ne		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			The state of the s	-	est town)	
1	OR INSTITUTION	AL (If not in hospital, give stree	156 DAYS	d. STREET ADDRESS)			100	IS RESII	FARM?
1		ART HOSPITAL		36 RACE S					YES 🗌	NOT
3.	NAME OF DECEASED (Type or print)	First PATRICK	Middle	COYLE	4. DATE OF DEATH	Moni	h)	Day		ear 958
5.	SEX DIATE	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF SIRTH	9. /	AGE (In years lost birthday)	Months D		UNDER Hours	R 24 HRS. Min.
10	o. USUAL OCCUPATIO during most of work	N (Give kind af work done 101 ing life, even if retired)	. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote	1	(A)	12. CITIZ			
13	Conducto	r, Retired	Railroad	IRELAND 14. MOTHER'S MAIDEN N		tport (Sount	У .	USA	
L		S COYTE (DECEA		Bridget	KEARNS	(DECE	200			igy.
15		If yes, give war or dates of service)	5. SOCIAL SECURITY NO. 17. IN 705-09-7939	PT'S CHART		Addr	ess			
	18. CAUSE OF DEA	TM [Enter only one cause per TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)		emia				INTER	VAL BET	WEEN DEATH
	450.	DUE TO	Paner	estite	2			8.	cox	-2
	gove rise to in coese (o), stoting t lying couse lost.	nmediote Dus TO	arte	wieler	wees			5	7	12
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART		WAS APERFOR	SWEDS
_	(IF EITHER, NOTIFY	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II o	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whil		CE OF INJURY (Home, farm ory, street, office bldg., etc	20f. (City or	town)	(Co	unty)		(Stote)
	21. I certify the	at I attended the deced	sed from Dec. 15	occurred at 2:45A	. M, fram th					
	ACTUAL SIGNATURE	Elay ?.	Surrett	236 VA	ADDRESS (Street	city or town,	stote)	and)	DAT	TE SIGN
	PHYSICIAN'S NAME (Type)	TAY E DURRETT	MD	236 VIRG	INTA AVI	E. CUM	BERI AN	D. 1	D.	
Н	o. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR St. Peter &:	CREMATORY Paul Cem.	Climber	rland.			(Stote)	
-	James F.	Signature Scarpelli,	Cumberland, Md	24a. REC'	D 8Y REGISTRAR	24b. REGIS	TRAR'S SIGN			
1	Gun Ray T	Sexuell.		- CD	1 3 158	EFF V V	0 121 - 1	4		

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VS A15 (4) 15M 9/55

78	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
18	CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

455	CERTIFICA	AIL OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institut	tian: Residence before admission)
Allegany	MARYLAND	o. STATE Mary	land b. COUNT	llegany
b. CITY OR TOWN (If outside carporate limits, wri RURAL and give nearest tawn)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write	RURAL and give nearest tawn)
La Vale, Md.	8 years	X	Vale	
d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION	reet oddress)	/ d. STREET ADDRESS	7	e. IS RESIDENCE
Shortest Day Road		Shortest D	ay Road	ON A FARM? YES NO
3. NAME OF First	Middle		4. DATE Mo	nth Day Year
(Type or print) ANGELINE		UFF	DEATH Feb.	25, 1958
	MARRIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years Jost birthday)	Manths Days Hours Min.
	OWED N DIVORCED	July 25,188	9 00 yrs	
10a. USUAL OCCUPATION (Give kind af work dane during most af warking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	r foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Lebanon I	ndiana	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
David W. Campb	ell	Amanda	a Harney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [(If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Ado	dress
No	VONE J	ames C. Duf:	f La Val	e, Md.
18. CAUSE OF DEATH [Enler only one cause	er Min for lay, (b), and (c).]	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Donne /	upertena	the as	ONSET AND DEATH
443 Y DUE TO	11		-	10
Conditions, if ony, which)	MARCIN	9 Ne	real.	Weak
gave rise to immediate DUE TO	V and			A
lying cause lest				U
, (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIL	VENI INI BART IGO 10 WAS ALLTORSY
ATK.			ALDISEASE CONDITION OF	PERFORMED?
20a. ACCIDENT WAS UNDERLYING [] 20b. 1	DESCRIBE HOW INJURY OCCURRE	D. (Enter polyce of injury in Po	rt I or Port II of item 18.)	YES NO
PART II. OTHER SIGNIFICANT CONDITION 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TOWN TOWN TOWN OCCURRE	b. temes nature of injury in Fo	itt di roit il ol ilem 15.)	
	d. INJURY OCCURRED 20e. PL	ACE OF INITIDY (Home form	205 (City - 1 - 1	
Haur a.m. W	nile Not while to	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	i 201. (City or town)	(Caunty) (State)
	work ot wark	11 1/0		
21. I certify that I attended the dece	eased from	19 7 to	2.75, 192	that I last saw the deceased
alive on the de to	and that death	accurred at 3 12		and on the date stated above.
They I	nie ·		DRESS (Street, city or town,	
ACTUAL	Murano	M.D. /2201	lette 91	2/26/5
PHYSICIAN'S NAME (Type)			Cu	wholes ins
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town,	or caunty) (State)
Burial 2/28/1958	Venango Ce	metery	Venango,	Penna.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
Byron Kight Cum	berland, Md.		2 150 000	1 -1

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1383	CERTIFICATE C	F DEATH	4
(1)00			

		12	383 CERTIFIC	CATE OF DEATH	1	leg. Dist. No.
1. P	LACE OF DEATH	Allegany	MARYLAND	II O STATE	ere deceased lived. If institutions and b. COUNTY	Residence before odmission) Allegany
b	RURAL ond give	(If outside corporate limits, wrinearest town) berland	c. LENGTH OF STAY IN 18 1/8/58		outside corporate limits, write RUR.	AL and give nearest town)
d		PITAL (If not in hospital, give str gany County	Infirmary	d. STREET ADDRESS 39 Ma	ry Street	e. IS RESIDENCE ON A FARM? YES NOTE
C	AME OF ECEASED ype or print)	John	Middle William	Earsom	4. DATE Month OF DEATH February	18°, 1958
5. S	Male	Tarib 4 to a	MARRIED NEVER MARRIED OWED MORCED	12/22/1874	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.
	USUAL OCCUPATE during most of wo Retired	orking life, even if retired)	10b. KIND OF BUSINESS OR INI Worker (Labor			U. S. A.
13. F	ATHER'S NAME	William Foo	te	14. MOTHER'S MAIDEN N	Mary Neff	
15. \ !Yes.	no, or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17 214-05-9290		Box 599 Address	Cumpertaine, Fid
	PART I. DE	EATH [Enter only one couse po EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o) (b), and (c).]	covery M	y postaseó	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if gove rise to	ony, which) (b)	Chercle	ral ditert	iosclerozi	2. >
-	cottse (a), stating lying couse lost	g the <u>under-</u> DUE TO (c)	Sem	Le Dete	rionatio	> >
CERTIFICATION					NAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
	OR CONTRIBUTIN	VAS UNDERLYING 20b. IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in 1	Port I or Part II of item 18.)	
MEDICAL	Hour D. m.	. w	d. INJURY OCCURRED hile Not while work of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
	21. I certify palive on	that I attended the dece 2/18/58		8 , 19 , to 2 th occurred at 8:42	18/58 , 19t PM, from the causes and	hat I last saw the deceased I on the date stated above.
	ACTUAL	accept.	mhau.		ADDRESS (Street, city or town, state ne Street	
	PHYSICIAN'S I	Dr. James E.	McLean	Cumberl	and, Maryland	
220.	RUPIAL CREMATI	ON. 22b. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	224 LOCATION (City town or a	

REMOVAL (Specify)

Fort Ashby Cem.

Fort Ashby W. Va.

23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cumberland, Md.

24a. REC'D BY REGISTRAR DATE FEB 2 4 '58

246 REGISTRAR'S SIGNATURE

TO FUNES

TO HOSPITAL OR A

TANG CERTIFICATE OF DEATH

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MINISTER OF THE PARTY OF THE PA

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Committee of the party and decigning the systems I are

FOR STATE HEALTH DEPT. Page Y MEDI. .. EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the first of director. Page be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. At DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, signated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

TO FUNE

TO DEP

VS. A15ME 5M 2/57

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99 D.0 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		Q.A					Keg. Dist.	140.
1. PLACE OF DEATH	Allegan	7	MARYLAN	O STATE	NCE (Where dece	b. COUNTY		before admission)
b. CITY OR TOWN	(If outside corporate limits, write	Contract of the last of the la	c. LENGTH OF STAY IN 1			orporate limits, write		
and give nearest to	berland		C. LEITOTT OF STAT IIV		-	berland	NOKAL ONE GIV	e neorest town)
	ITAL OR INSTITUTION (II	not in hose	nital give street address)	d. STREET ADD		ber Taria		e, IS RESIDENCE
	le Station				Ledmont	Ave.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Andre		Jackson	Everett	4. DATE OF DEATE	Month Feb	1	t 19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER TYE	the same of the same of
male	white	WIDOWED	DIVORCED [Feb.1118	395	fest birthday) 62 yrs.	Months Day	s Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work di ing life, even if refired) ender-Kell;		ind of Business or Indicingfield T		(Stote or foreign	country)	1	S.A.
13. FATHER'S NAME				14. MOTHER'S MA				
Willi	Lam Everett	t		Eliz	za Logs	don		
(Yes, no, er unknown)	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		Address		
Yes,	W. W. # 1	2	L4-07-0558(wife) Mary	Wood	Everett,	Cumber	rland, Md.
	ATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		or (o). (b). ond (c).] ardiac tamp	onode			11	nterval between onset and beath sudden
Conditions, If		rupi	ture of a d	lissecting	g aneur	ism of a	orta.	
gave rise to imm (a), stating the cause last.								
PART II, O' 20g. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH	THER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE	E TERMINAL DISEA	ASE CONDITION GIVE	N IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	ONTRIBUTING [. DESCRIBE	HOW INJURY OCCURRED	. (Enter noture of injury	in Part I or Part	II of item 18.)		
20c. TIME OF INJU Hour e. m p. m	. 19	While at wor	k Nat while	PLACE OF INJURY (Homocrory, street, office bld	g., etc.)		(County)	(State)
			emains described a auses 🕦 Acciden					
opinion deali	. / . /	010101 0	doses [4], Acciden	, [], Soicide [C C Olidelei	mined mar	iner 📋
ACTUAL SIGNATURE	14-V. No	mi	ng MD.	M.D.	CAL EXAMINER			DATE SIGNED
EXAMINER'S NAME (Type)	H.V.Deming	M.D	. Y		MEDICAL EXAMINER		4-1958	8
220. BURIAL, CREMATI REMOVAL (Specifical)	ON, 226. DATE THEREOF		22c. NAME OF CEMETERY S. S. Peter			ation (City, town, or mberland,		(State)
23. FUNERAL DIRECTO			ADDRESS	240	REC'D BY REGI		TRAR'S SIGNA	
Charles I	. George Co	umber	land, Marylan	nd o	REB 1 0 '58	3 (1000)		

BRICAL EXAMINARYS CERTIFICATE OF USATH some previous to Table 21 Table 21 Table 21 Table 21 Table 22 Tabl BUREAU V. S. FEB 10 1018 DANKETTALL CONTRACTOR CONTRACTOR CONTRACTOR

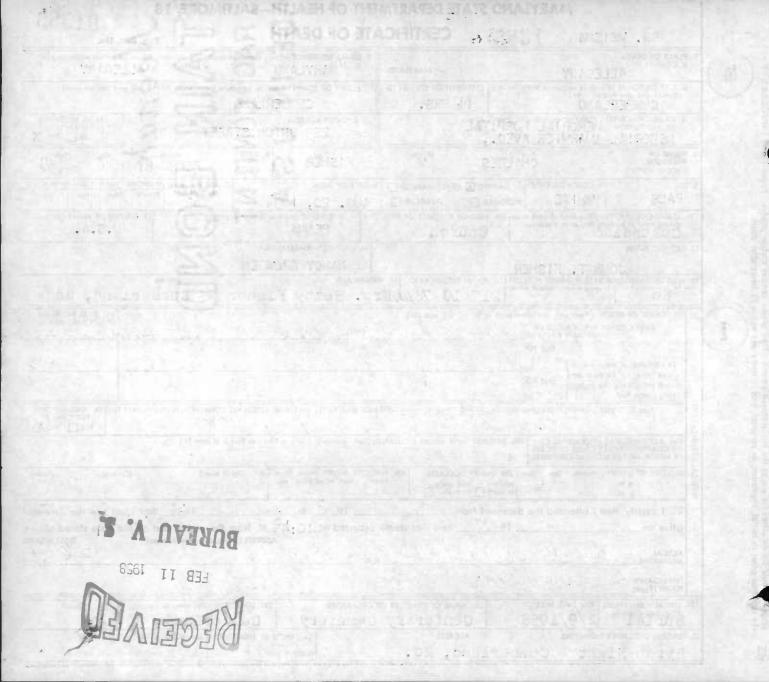
requires that the death certificate be executed within 24 haurs trained by the hospitol ar ottending physician.

**DIRECTOR: After this certificate has been signed by the ottending physician ond campletely filler build be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 or priar to burial, cremotion, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR TO FUN

VS A15 (4) 15M 10/57

		Allegany	MARYLAND	Mary	Land	Allegany
Ł		outside carparate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	RURAL and give nearest town)
	RURAL and give ne	tburg	life	22 Fros	stburg	
(OR INSTITUTION	AL (If not in hospital, give Road		d. STREET ADDRESS	e Road	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First SUSAN	Middle C. FAZE	NBAKER lost	4. DATE M. OF DEATH FE	onth Day Year B. 22, 19 58
5. S	EMALE	7 FF F 7F FF FF FF	MARRIED NEVER MARRIED DIVORCED DIVORCED		1881 9. AGE (In year last birthday)	
10a.	during most of work		own home	USTRY 11. BIRTHPLACE (Sio	te or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Jonas	Weitzell		Eller	n Sigler	
	WAS DECEASED EVER	IN U. S. ARMED FORCES		INFORMANT		Idress
(Yes		It yes, give wor or dates of service	none, F	lorence Far	zenbaker, Fr	ostburg, Md.
		TH [Enter anly one cause IH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).]	Heart	Deases	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if or gave rise to in cause (a), stating the lying cause lost.	mediate (ortenosde	is		years -
CATION	PART II. OTH		ONS CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	EIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Part I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.			PLACE OF INJURY (Home, fail actory, street, affice bldg., e		(County) (State)
	21. I certify the alive an ACTUAL SIGNATURE	of I attended the de				that I last saw the deceased and an the date stated abave n, stote) DATE SIGNED
	PHYSICIAN'S NAME (Type)		Davis, M. D.		Frostburg, M	[d
	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	2-24-58	Mt. Zion	or crematory Cemetery	Garrett Co	(0.0.0)
	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS stburg, Md.		C'D BY REGISTRAR 24b. REC	ounty Md. GISTRAR'S SIGNATURE

EEB 36 1628



VS A1S (4) 1SM 10/57

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ARYL	AND ST	ATE DEPART	MENT OF	HEALTH-BA	LTIMORE,	18

CERTIFICATE OF DEATH

Reg. Dist. No.

L			129	CERTIFIC	AIE OF L	JEAI	1		Reg. D		10	
1	o. COUNTY	Allegany	10;	MARYLAND	O STATE	DENCE (Wh Mary1		l lived. If institution b. COUNTY		nce befor		ian)
	b. CITY OR TOWN RURAL ond give Cumber1:		its, write	c. LENGTH OF STAY IN TE		town (If o		rote limits, write R	URAL ond	give nec	prest town	٦)
	d. NAME OF HOSP OR INSTITUTION Allegan	oral (if not in hospitol, of Infirmary	give street	oddress)	d. STREET / 413]		chanic	St.,				FARM?
3	B. NAME OF DECEASED (Type or print)	Frederic		Middle William	Flurshu		4. DATE OF DEATH	Feb.	th	15,		Yeor 19 58
5	Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT)	9. AGE (In years lost birthdoy) 78 yrs.	Months	Doys	Hours	ER 24 HRS. Min.
-	during most of wo	ION (Give kind of work rking life, even if retired Store Prop.)	kind of Business or inturniture Store			or foreign co			TIZEN C		COUNTRY
1:	3. FATHER'S NAME H. U.	F. Flurshut	z		14. MOTHER'S			Bachman				
	S. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war or dates of s			informant ir. Arthu	r H. I	lursh	utz 856		Cumi	perla Drive	and, l
		ATH (Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c DUE TO)	he for (0), (b) and (c). I	uora	Luci .	Hyg	rhege	is.	INTI	ERVAL BE	TWEEN DEATH
	gove rise to couse (a), stoting lying couse last	the under-		Cercles	al a	erf	erec	cler	tou	7	>,	
CEOTIES ATION	20a. ACCIDENT W	THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	ice	CONTRIBUTING TO DEATH B	arde	feo			EN IN PAR	RT 1(o) 1	PERFC	AUTOPSY DRMED?, NO
	20c. TIME OF INJU Hour o. m.	RY Month, Day, Ye	While	NJURY OCCURRED 20e. Not white columns of work	PLACE OF INJURY (foctory, street, office	Home, form e bldg., etc.	, 20f. (City	or town)	((County)		(Stole)
	21. I certify to alive an	het la gended the	Z.			Green		reet, city or town,	end an t	he da	te state	
L	Burial (Specify	2/18/58)F	22c. NAME OF CEMETERY St. Lukes				ion (City, town, o		and	(Stot	e)
2:	3. FUNERAL DIRECTOR H. Wayne		mber:	ADDRESS land, Marylan	d	100	EB 2 0		STRAR'S SI	GNATU	RE	

CENTIFICATE OF DEATH

BUREAU V. S.

FEB 80 1958

DECENTED

R.	JOHNSON	MARYLAND STATE DEPARTMENT
		1208

AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1387 CERTIFICATE OF DEATH

Reg. Dist. No.01387

/	1. PLACE OF DEATH G. COUNTY ALLEGANY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY ALLEGANY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and COMBERLAND) c. LENGTH OF STAY IN T	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	ALGONQUIN HOTEL-CUMB. & BALT. STS &ES NO
	3. NAME OF First Middle (Type or print) WILLIAM	GOEBEL 4. DATE Month Day Year OF DEATH FEBRUARY 25 158
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MALE WHITF WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) Retired Music Teacher	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HENRY GOEBEL	CHRISTINE GERLACH
)	(Yes age of unknown) . If was give wor or dates of service)	7. INFORMANT Address Richard Hamill Frostburg, Md.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under-	ser of Parecreas interval Between onset and Death
)	200. ACCIDENT VAS UNDERLYING ZOO DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT/FY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PRED. (Enter noture of injury in Port I or Part II of item 18.)
×	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) foctory, street, office bldg., etc.)
	21. I certify that attended the deceased from all alive on	the 30 19 57, to 12 the 15 19 50 that I last saw the deceased at accurred at 5:20 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. 16 9 1000 57 Charles 10 12 26
	220. BURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETER BUTIAL Feb 27-58 Rosehil	2 - 2 - 2 - 2 - 2
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Climberland Maryland 246, REC'D BY REGISTRAR 286, REGISTRAR'S SIGNATURE
L	Ruth E. Silcox Cumberland,	Maryland DATEMAR 3 '58 Ull-Reduch

27/10 - 17 |

THE PERSONS

S. S. Sandayan Haranasan

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	CEDTIEICATE	OF	DEATH	

		1	322	CERTI	FICA	ATE OF D	EATH			Reg. Di	ND1	388
1.	PLACE OF DEATH o. COUNTY	Allegany	,	MARY	LAND	2. USUAL RESID	ENCE (Whe		lived. If inst b. COUI		ce before ode	
	b. CITY OR TOWN (III RURAL ond give ne Cumber		s, write	12/28/57	IN 1b			tside corpor erlar		te RURAL and (give nearest t	own)
	d. NAME OF HOSPITA	Allegany	Cour.	nty Infir	mar	d. STREET AC	109	s. Le	e Str	reet	OI	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Fin Core		Ann Ann		Gough		4. DATE OF DEATH	Febru	Month lary	23,	Year 19 58
	sex Cemale	6. COLOR OR RACE White	7. MARRI WIDOWEI			8. DATE OF BIRTH	.885		9. AGE (In ye lost birthdo 72		Days Hou	
	during most of work	N (Give kind of work of ing life, even if retired)		n home	R INDU:				vintry) Virgi		U. S	A A
13.	FATHER'S NAME	Daniel R	ran			14. MOTHER'S		Robe	rtson			
		R IN U. S. ARMED FOR It yes, give wor or dates of s		None	1100	nformant P.		x 599 ty II				and, Md
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (o), (b), and (c).	le	ral T	Luc	cor	hage	2	ONSET A	BETWEEN NO DEATH
	422,			ber	ele	ral a	erte	erio	scle	20210		7
	gove rise to in couse (o), stoting t lying couse lost.			Chr	on	ic 7	nus	oca	rdi.	to		?
CATION	PART II. OTH	IER SIGNIFICANT CON	TIONS C	ALLU	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION	GIVEN IN PAR	PEI	AS AUTOPSY REFORMED?
L CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CLURRE	D. (Enter noture of	injury in Po	ort 1 or Port	II of item 1B.		1	
MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	UURY OCCURRED Not while of work	20e. PL for	ACE OF INJURY fH ctory, street, office	lome, farm, bldg., etc.)	20f. (City	or town)	(0	County)	(Stote)
	olive on 2/2	ot lottended the 2/58 Auction or. James	61			occurred ot_	Gre	M, from		es and on the		
22	o. BURIAL, CREMATIO REMOYAL (Specify) Burial	2/26/58	F	2c. NAME OF CEM		R CREMATORY			ion (city, to berlan		{	Stote)
23.	Charles	s signature L. George	Cumbe	ADDRESS erland, Md.			24a. REC'D DATE			GISTRAR'S SIG	SNATURE	

The state of the s	TE OF BEATH	5 7 7	254	
Transfer West	mergray Mary		vinjetti ""	
		TO A STATE OF THE PARTY AND TH		
		may Indiana	C TESTER OF	
	daysb			
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THE STATE OF THE S			E south , at h	OT SALES
DECEMBE		gold a Copinia	100	
			tos b. compo Cu	

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irs a. Geath: Page 4	by the funeral director,	1
AL OR WIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at the death. Page 4	At DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director. Judd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the purial permit of the plants of the plants.	
AL OF	AL DIR	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1389 CERTIFICATE OF DEATH

•	2 0.79					wan. Di	31, 140,	
1. PLACE OF DEATH o. COUNTY	,	44 A D.V.I. A A A D.	2. USUAL RESIDER	NCE (Where dec	ceased lived. It institu		ce before ad	mission)
Allekany		MARYLAND		Marylan		41.77	legany	
 b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) 	its, write c. LENGTH O	F STAY IN 1b	c. CITY OR TO	WN (If outside o	carporate limits, write	RURAL and g	give nearest t	own)
Cumberland	8 day	S		mberland	3			
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	give street address)		d. STREET ADD	PRESS			e. tS	RESIDENCE N A FARM?
	ert Hospital		500	Linder	n Street			□ NO√
3. NAME OF Fir	rst	Middle	Lost	4. DA		onth	Day	Year
	nerine	C.	Gran		ATH	£ 2	8	19 9
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER	MARRIED	8. DATE OF BIRTH		9. AGE (In year		1 YEAR IF U	NDER 24 HRS.
		IVORCED	5/ /98		last birthday)		Days Hou	urs Min.
Female White 10a. USUAL OCCUPATION (Give kind of work)	Lank.		11-11-1	F (Chan) E	1 //		IZENI OE WI	AT COUNTRY
during mast at working lite, even it refired)		SIKI II. BIKIHPLAC	c (State of fore	ign country)	12. CII	IZEN OF WE	IAI COUNTRY
Housewife	Own hor	me		Marvla	and	- 3	U.S	.A.
3. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME				
Robert Kemr				Cothonia	ne Book			
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECUR	ITY NO. 17. I	NFORMANT	oa mei Li		Idress		
(Yes, no, or unknown) (If yes, give war or dates of s	service)							
No	None		PT Char	t				
18. CAUSE OF DEATH [Enter only one co	suse per line far (a), (b), c	ond (c).]	4 1/					BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	· The	ombo	she doct				ONSET A	ND DEATH
1.30		U	7000					
4-22.2 DUE TO	T		1					
Canditions, if ony, which) (b	1 /n, a	reade	al De	gon.	nting			
gove rise to immediate case (a), stating the under-	, ()			,				
lying cause last.	-1							
		TO DEATH BUT	NOT RELATED TO THE	TERMINAL DI	SEASE CONDITION O	IVEN IN PART	T 1(a) 19 W	AS AUTOPSY
	<u>commonno</u>	10 02/111	1101 1125 10 11	ic tenning of	SEASE CONDITION O	11514 1141 2001	PE	RFORMED?
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW IN.	JURY OCCURRE	D. (Enter nature of in	njury in Part I a	r Part II of item 18.)			
								0.00
20c. TIME OF INJURY Month, Day, Yell Hour o. m. 19			ACE OF INJURY (Hoctory, street, office b	me, form, 20f.	(City or town)	(0	County)	(State)
Hour o. m. 19	While Not while of work	° —	ciory, sireer, office b	iag., eic.)				
		- 1			70 -			
21. I certify that I attended the	deceased from	1/30	, 1958,	ta	195	,that	last saw tl	he decease
alive an	, 19 58, and	that death	occurred at_	7.30AM.	fram the causes	and on th	he date st	ated abay
. 0					SS (Street, city or town			DATE SIGNE
ACTUAL KED)/	Le Dr	7.				,		18/00
SIGNATURE	· viery J		M.D		***************************************			1-1-3-
PHYSICIAN'S NAME (Type) Dr. Len H	Lev			1,56	NCenter S	treet		
220. BURIAL, CREMATION, 226. DATE THEREC	OF 220 NAME C	OF CEMETERY O	P CPEMATORY		OCATION (City, town			
REMOVAL (Specify)								State)
			Pauls C	em. C	Cumberlar			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		2	4a. REC'D BY RI		SISTRAR'S SIC	Y	
Byron Kight	Cumberla	na, Md	• 0	ATE FEB 1	1 1 '58	Whed	uch	
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THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

INSTRUCTIONS

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01390

Reg. Dist. No.

}	13:70	Nogi Blott Hommin					
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
	COUNTY Allegany MARYLAND	STATE Maryland COUNTYAllegany					
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nearest town)					
	OR and give nearest town) TOWN Cumberland, Md. (in this place) 35 yrs.	02 fown 38 Grand Ave. Cumber	land				
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Grand Ave. Cumberland N	STREET (If rure) give location) 10 38 Grand Ave.					
-	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)				
P	ODECEASED (Type or Print) Bessie Eleanore Gu	thridge of Feb. 22,	19 58				
L	5/ SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O		UNDER 24 HRS				
	F White Specify widowed May 3		Hours Min.				
	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN C	DE WHAT				
ı	done during most of working life, evan if OR INDUSTRY	COUNTRY					
	Housewife Own home	Oldtown, Md. USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Charles Haugh	Lydia E. Piper					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yas, give war or dates of service)	17. INFORMANT & ADDRESS					
	no none	Alva H. Duckworth, Cumberla	nd.				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AL BETWEEN				
	I DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH	· Al	/ DEATH				
	420, IMMEDIATE CAUSE (A)	ry o wrom pases 1 4	4				
	ANTECEDENT CAUSE(S) DUE TO	Lall YP le Caro 6	21				
	DISEASES OR CONDITIONS, IF ANY, (8)	reconstitute of the	-				
	STATING UNDERLYING CAUSE LAST. DUE TO						
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
4	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		-				
3	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. A YES	AUTOPSY?				
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)				
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)						
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?					
	M. et work et work						
	22. I hereby certify that Lattended the deceased from 2/7/5	73, 19 to 2/22/58, 19 that I last saw the	ha decessed				
1	01 10	(A-mil / /	ie deceased				
	alive on 19 and that death occurred at	ADDRESS (Sheef, city, town, state)	TE SIGNED				
	XX///////	35	1/5				
/	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)				
-	23. BURIAL, CRÉMATION, DATE THEREOF NAME OF CEMETERY OR						
	Burial 2-25-58 Hillcrest	Burial Park Cumberland, Md.					
ı	AT. REED BY REGISTRAN S SIGNATURE	25. TOTAL DIRECTOR 3 STOTATIONS	3 352				

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CERTIFICATE OF DEATH

BUREAU V. &

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1331 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

-	reg. visi, lav.	
	1. PLACE OF DEATH O. COUNTY Alles any MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss of STATE	sion)
	b. CITY OR TOWN (If sulside corporate limits, write RURAL and the nearest town Cushill Control of the nearest town	n)
		FARM?
1	DECEASED	Yeor 1958
7	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED 17. DIV. 26, 1877 9. AGE (In years lost birthday) Months Days Hours WIDOWED DIVORCED 17. MARRIED NOVEL 1877	Min.
K	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRIAGE (State or foreign country) 12. CITIZEN OF WHAT Petricy Mechanist Celenose Conf. fl. Dermany.	COUNTRY?
	13. FATHER'S NAME Unknown.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (I'vs. mo or unknown) (II yes, give wor or dates of service) 220-10-7390 Mrs. Amanska Hebesle Comb.)	nd
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BE ONSET AND ONSET AND	DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Carcumomatives (b) DUE TO (c) Assume (c) 3.75	2
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFO YES YES The state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given in Part 1(0) 19. Was performed by the state of the terminal disease condition given given by the state of the terminal disease condition given	AUTOPSY ORMED?
MEDICAL	Zoc. TIME OF INJURY Month, Day, Year Hour o. m. 19 White Not white of work of	(Stote)
	21. I certify that I attended the deceased from June 1957, to June 4., 1958, that I last saw the alive on M, from the couses and on the date state ADDRESS (Street, city or town, state) ACTUAL SIGNATURE CROSS M.D. 236 VII. Cons. Considerable 19	
	PHYSICIAN'S NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (\$100 km) (100	e)
23.	23. FUNERAL DIRECTOR'S SIGNATURE 240. REGISTRAR 240. REGISTRAR'S SIGNATURE DATE DATE DATE DATE DATE DATE DATE DAT	

The same to be a second 000 11:1 FEB 10 join

ADDRESS

r Funeral Home Main Frostburg, Md.

Reg. Dist. No.

Months

Allegany

Day

Days

(County)

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

Frosthung

240. REC'D BY REGISTRAR

DATE FFR 2 4 '58

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

10190

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

IS RESIDENCE ON A FARM?

YES NO F

Yeor

1958.

0 VS A15 (4) 1SM 9/S5

REMOVAL (Specify) Buri al

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH

CONTRACTOR OF STREET

W W WARRE

FEB Sq 1958.

DECENTED

		13	392	CERTIF	ICA	TE OF I	DEATH	1			Reg. D	ist. No	113	93
	PLACE OF DEATH o. COUNTY					2. USUAL RESI	DENCE (Wh	ere decease	d lived. If insti		nı Reside	nce befo	re admiss	ion)
	ALLEGAN	У		MARYL	AND		MARYT.A	ND	b. COUR		ALLE	GANY		
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limitarest town)	ls, write	c. LENGTH OF STAY II	и 1ь	c. CITY OR	TOWN (If o	utside corpo	prote limits, writ	te RU	RAL and	give ne	arest town)
	CUMBERLA	ND		24 DAYS		CRES	APTOWN							
		AL (If not in hospital, g		oddress)		d. STREET	ADDRESS				4.7			DENCE FARM?
=	which the control of the latest and	HEART HOSP						Ta 2.00						
	NAME OF DECEASED (Type or print)	EAR		Middle ROBERT		HIL		4. DATE OF DEATH	Febru	Month ar		26		9 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		. DATE OF BIRT	Н		9. AGE (In yellost birthda		Months			
	MATE	WHITTE	WIDOWE	D DIVORCED		Y.TIII.	7/1.78	193	4.1	yrs.	Months	Days	Hours	Min.
	S. USUAL OCCUPATION OF WORK RECTIFED.	N (Give kind of work of life, even if refired E		kind of Business or Celanese	INDUS		ZT.AND	, Bor	den Mi	ne		TIZEN C		COUNTR
_		BERT M. HI					NNTE	ETSEL	,					
		IN U. S. ARMED FOR	rvice)	SOCIAL SECURITY NO.	17. IN	FORMANT			1	Addre	155			
	Yes	WW 1	21	17-10-7990	N	Irs. My	rtle	Hill,	Cresa	pte	own,	Md	•	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		e for (0), (b), and (c).]	lui	Trak.	6					INT ON S	ERVAL BE	DEATH
	Conditions, if on	y, which) (b)		Brlesi.	00	he ner	lens	202,				12	10	427
	gove rise to in cause (o), stating t lying cause lost.	nmediote (U)							Đ	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVE	N IN PAI	RT 1(o) 1	PERFO	NO TO
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter nature c	of injury in P	Part I or Par	rt II of item 18.)					
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yeo	While of work	Not while	loe. PLA foct	CE OF INJURY (ory, street, offic	Home, form e bldg., etc.)	y or town)		((County)		(State)
	21. I certify the alive an	at I attended the	., 19.5	od from 2 —		, 19.50 occurred at	40		m the cause street, city or to	s ar	nd an 1		te state	deceased above the significant
20		r I Bring		lm www.or.c			57 Gre		Street.				M	2/
-	REMOVAL (Specify)	3/1/58		Frostburg			Park		TION (City, town				(Stote)
23.	FUNERAL DIRECTOR'S	-/ -/		ADDRESS	3 110			D BY REGIS			RAR'S SI	GNATU	RE	
	John J.		nberl	and, Md.			DATE	D # 15			,	- 1		

by the funeral directar, and 2 should be filed with ALDIRECTOR: After this certificate has been signed by the attending physician and campletely fillifould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages rar prior to burial, cremation, ar remaval, and in any event within 72 bours after death. TO FUNE

IENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

death: Page 4

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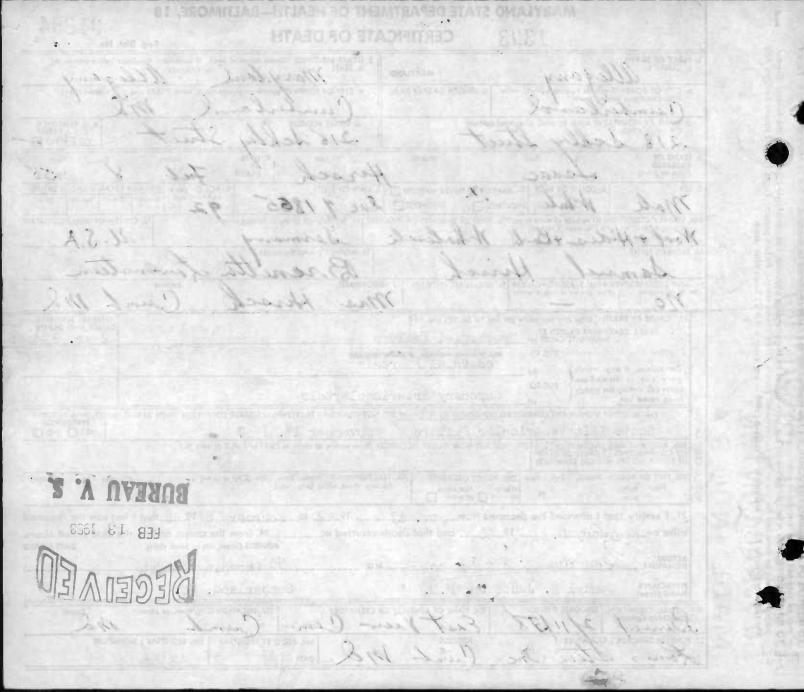
VS A15 (4) 15M 9/SS

TO HOSPITAL

MARYLAND STATE CEPACHNESS OF HEALTH-BALTIMORS TO ausia natawi. the bart's did the motors of the BUREAU K. 2 8561 7 2747

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TO FUNERAL DIRECTOR POGE 3 uld be the regs, or prior

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TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1394 CERTIFICATE OF DEATH

101	*		T. Re	g. Dist. No.
1. PLACE OF DEATH 0. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE OHIO	ere deceased lived. If institution: 1 b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	11	utside carporate limits, write RURA	L and give nearest town)
RURAL and give neorest town) CUMBERT, AND	Lifetimee	CLEVELA		72 x 3
d. NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION		d. STREET ADDRESS	Past 8 Month	e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL		291.5 CH	OTHAM AVE.	YES NO
3. NAME OF First DECEASED (Type or print) T.F.()	Middle SHANNON	Lost	4. DATE Month OF DEATH	Day Year 19 58
1000	ARRIED NEVER MARRIED	8. DATE OF BIRTH	COD.	UNDER 1 YEAR IF UNDER 24 HRS.
	WED DIVORCED	JULY 18. 19	lost birthday) Ma	anths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most af working life, even if retired)		STRY 11. BIRTHPLACE (State	200	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Process to Seperales	in pay.	14. MOTHER'S MAIDEN N	AME	
SHANNON IMES		JULIA S	HREVE	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. or unknown)	6. SOCIAL SECURITY NO. 17. 1 217-10-&164		ecėlia St Address arles W. Imes	Cumberland, M
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate code (o), stoting the under-lying cause lost. DUE TO (b) DUE TO (c)	Coronary Heart I)isease		INTERVAL BETWEEN ONSET AND DEATH 1 mos
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH 8UT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I ar Part II af item 18.)	
Hour a.m. Whi	1-	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.		(Caunty) (State)
21. I certify that I attended the deceded alive an 2-4 , 19 ACTUAL SIGNATURE RAYS (A PARTITION OF PHYSICIAN'S PLANTS OF THE PARTITION OF THE	$\frac{58}{R}$, and that death	m.p. 62 Greene S	M, from the causes and ADDRESS (Street, city or town, state)	2-4-58
220. BURIAL, CREMATION, 22b. DATE THEREOF BENDYAL Specify 2-7-58	22c. NAME OF CEMETERY C		2d. LOCATION (City, town, or co Cumberland, M	iunty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cu	ADDRESS umberland, Md.	24a. REC'I	8Y REGISTRAR 24b. REGISTRA	

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THE REPORT OF STREET, AND ASSOCIATED AND ASSOCIATED AND ASSOCIATION ASSOCIATIO

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CERTIFICATE OF DEATH

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		1017	CERTIFICA	AIE OF DEAT	П	Reg. Dist.	No.
1	o. COUNTY	JANY.	MARYLAND	2. USUAL RESIDENCE (V a. STATE		institution: Residence b DUNTY	
)		If outside corporate limits, write	c. LENGTH OF STAY IN 16	The second secon	outside corporate limits.		
	d. NAME OF HOSPIT OR INSTITUTION	AND TAL (If not in hospital, give street	23 DAYS	d. STREET ADDRESS	AND		e. IS RESIDENCE
2	OK INSTITUTION	SACRED HEART	HOSPITAL	316 AV	TREET AVE		ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH	Manth	Day Year
ŀ	5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		EAR IF UNDER 24 HRS.
ı	MALE	WIDOW WIDOW		TNTEK 1871	lost birt	hday) Manths Da	ys Hours Min.
	10o. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b. king life, even if retired)		JSTRY 11. BIRTHPLACE (Stot			N OF WHAT COUNTRY
ŀ	CLEKK 13. FATHER'S NAME	- MAJESTIC	BOWLING ALL	14. MOTHER'S MAIDEN		0.	D. A.
ı		CARTET TACKOO					
	15. WAS DECEASED EVE			INFORMANT	H CAVANAUGH	Address	
1	(Yes, no. or unknown)	(If yes, give wor or dates of service) 2:	15-10-4438A	PATTEMING	CHART		
	18. CAUSE OF DEA	ATH [Enter only one couse per li	ine for (o), (b), and (c).]		 		INTERVAL BETWEEN
1	PART I. DEA	ATH WAS CAUSED BY: Con	gestive Heart	Failure			ONSET AND DEATH
	420.0	DUE TO					
1	Conditions, if o	ny, which) (b) Myo	cardial Infarc	tion and Stre	oke		3 weeks
	gove rise to i coese (a), stating lying couse last.	the under- DUE TO	eriosclerotic	Heart Disease	e		Years
	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION	ON GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
			lateral	50.15	0 . 1 0 11 - 6 '2	70.1	YES NO
	□ OR CONTRIBUTING	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury ii	raff I of Part II of Item	16.)	
	20c. TIME OF INJUR Hour a.m. p. m.	While		IACE OF INJURY (Home, for actory, street, office bldg., e	rm. 20f. (City or town)	(Cou	nty) (Stote)
	21. I certify th	hat I attended the deceas	sed from DESCRIPTION	1-1419 58, 10	2=7-	19 <u>58</u> , that I las	t saw the decease
	alive on_Fe	bruary 7, 195	8, and that deat	h accurred at 10:2			date stated abov
-	ACTUAL CA	IQA			ADDRESS (Street, city o		DATE SIGNI
	SIGNATURE	Mary 9140	remina	M.D. Algonquin	Hotel, Cum	perland, M	aryaand.
	PHYSICIAN'S W	yand F. Doerner	, Jr., M.D.				
Ī	220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City,		(State)
	BURTAL 23. FUNERAL DIRECTOR	FEB. 10 158	ST. MICHAEI	The second second		JRG MD.	ATUDE
						CONTRACT SIGN	A.
	J. R. DU		TRURG. MD.	DATE		W., - Lin	A.

haspital or attending physicion. After this certificate has been signed by the ottending physician and completely filled

may be retoined no TO FUNERAL DIRECTOR: VS A15 15M 9/

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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V	-	-	0	

1434

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary]		If institution county	4 7 7	any
	RURAL and give r	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RUR	RAL and give near	rest town)
0		TAL (If not in hospital, give street		d. STREET ADDRESS	0112011		e	ON A FARM?
	3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle HENRY	JONES	4. DATE OF DEATH	Month FEBRU	ARY 6.	Yeor 19 58
	S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 3-26-1885	9. AG	E (In years III		IF UNDER 24 HRS. Hours Min.
1	male	white wow				72 yrs.		
	10a. USUAL OCCUPATI during most of wor retired 13. FATHER'S NAME	ON (Give kind of work done 10b rking life, even if retired) miner	. KIND OF BUSINESS OR INDUS	Maryla 14. Mother's Maiden	and			WHAT COUNTRY?
	John J			Maraga	eret Wil			
	(Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		rs. Mary W.	Jones.	Midl		Md.
0	Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT	immediate DUE TO (c) HER SIGNIFICANT CONDITIONS	4	NOT RELATED TO THE TERM			956 1	WAS AUTOPSY PERFORMED?
		G CAUSE OF DEATH		ACE OF INJURY IHome, for			(County)	(Stote)
	20c. TIME OF INJU Hour o. m. p. m.	While	T.	ctory, street, office bldg., etc	c.)		(200,)	(
1	actual SIGNATURE PHYSICIAN'S	John Cs	sed fram 10 58, and that death Deven vers, M. D.	м.р. 13	M, from the ADDRESS (Street, o 4 E . Ma	causes an	d an the dat	w the deceased e stated abave. DATE SIGNED 2/6/58
	220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		ostburg	City, town, or	county)	(State)
	Burial Specify			ial Park		burg,		
	23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGIST	PAR'S SIGNATUR	E
	J. R. I	ourst. Fros	tburg. Md.	DATE F	EB 1 0 '58	1000	resuch	

CERTIFICATE OF DEATH

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TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be exe	may be retained. The hospital ar attending physician.	TO FUNCTAL DIRECTOR: After this certificate has been signed by the attending physician and a	and he detached for use as the burial-transit nermit. Then alease remove carbon a

TO FUNG poge the regis

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 1	18
140		SERTIFIC ATE	OF DEATH	

CERTIFICATE OF DEATH 1421

01398 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY All	egany		MARYL	11		Md.	ere deceosed	lived. If instituti b. COUNTY		ce befor		ion)
b. CITY OR TOWN (I	f outside corporate limi grest-flown)	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR T			ote limits, write R	URAL and	give nec	rest town	1)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 308 Front					d. STREET ADDRESS 308 Front						e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Charles	rst	Middle Fisher	Kalb	augh	1	4. DATE OF DEATH	Feb.		13		Yeor 1958.
5. SEX Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	_	April 7	, 186		P. AGE (In years last birthday) 90 yrs.	Months	Days	Haurs	ER 24 HRS. Min.
Machinist	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST			or foreign court, Md			TIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME			_		
John D.	Kalbaugh				Mary	Susan	Simmo	ns				
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	ORMANT			Add	ress			
IYes, no, or unknown)	(If yes, give wor or dates of :	ervice)		Ea	rl Kalb	augh-	Piedmo	nt, W. Va	à			
PART I. DEA 4222 Conditions, if a gave rise to i cause (o), stoting lying couse lost.	IMMEDIATE CAUSE (company, which)	100	ne far (a), (b) and (c).	ed s	gs RI	OUN	natie	i p-ysio		ONS	ERVAL BE	DEATH
SATIO		-	CONTRIBUTING TO DEAT			****			EN IN PA	RT 1(o) 1		PRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of	f injury in P	ort I or Port	II of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	ar 20d. It While of worl	Not while		E OF INJURY (Fory, street, affice			or town)	(County)		(Stote)
21. I certify the alive on	at 1 attended the Fish: 12 Pauly	decease 195	201	death a	occurred at.	10:00	4M, from	eet, city ar town,	and on t		te state	
PHYSICIAN'S NAME (Type)	oul R.	Wil	son 4. [>								
22a. BURIAL, CREMATIC BEMOYAL Specify)	2/16/58)F	Philos	TERY OR	CREMATORY			on (City, town, ernport	ar county)	-	(Stot	e)
23. FUNERAL DIRECTOR	SSIGNATURE /		ADDRESS			240. REC'E	BY REGISTE	AR58 246. REGI	ST PARIS SI	GNATU	REA	
ES 13	Max	>We	sternport,	Md.		DATE	FEB 2 0					

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TO FULLE Page

VS A15 (4) 15M 10/57

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	1. PLACE OF DEATH o. COUNTY
	b. CITY OR TOWN (If outs RURAL and give nearest CUMBERLAN
60	d. NAME OF HOSPITAL (III OR INSTITUTION MEMO
690	3. NAME OF DECEASED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1396 **CERTIFICATE OF DEATH**

Reg. Dist. No. 01399

1. PLACE OF DEATH o. COUNTY All FGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL		If institution	Residence be	fare admiss	sian)
b. CITY OR TOWN (If autside carporote limits, write c. LENGTH	OF STAY IN 16 DAYS	c. CITY OR TOWN (If o		nits, write RUR	AL and give n	earest taw	n)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	nivoy			e. IS RES	FARM?
MEMORIAL HOSPITAL		/ 135 N. I	MECHANIC	STREET	C . Ye		NO [
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	t	Day	Year
(Type or print)	G arland	KELLER	DEATH FEE	BRUARY	16		19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	ER MARRIED B.	DATE OF BIRTH	9. AGI	In years IF	UNDER 1 YEA	-	
MALE WHITE WIDOWED	DIVORCED [NOV. 26/19	09	yrs.	Manths Days	Haurs	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU during most of working life, even if retired)	ISINESS OR INDUSTR	RY 11. BIRTHPLACE (State	ar foreign country)		12. CITIZEN	OF WHAT	COUNTRY?
Manager Southern	n Hotel	MARYLAND,	Cumberl	and	U	.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
MANAGER ED		MADO	ARET DORS	EV			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECT	URITY NO. 17. INF	ORMANT	AREI DON	Addres			
(If yes, give wor or dates of service) 214-05-	-9174	MEMORIAL HO	SPITAL				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)), and (c).]					TERVAL BE	
PART I. DEATH WAS CAUSED BY: Hepatic	coma.				01	SET AND	
581.1 DUE TO Ruptured		eal varice	9.8		1		<i>J</i> –
		ne liver (I		9)		? ?	
gave rise to immediate Dus TO Home +	emesis	10 11 101 11	30.011110.0	0 /	1		77.9
coose tol, starting the otioer-	irium tr	emens			-	8 11	3 0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN	I IN PART 1(a)	PERFC	AUTOPSY PRMED?
	INJURY OCCURRED.	(Enter nature of injury in P	Part I ar Part II of i	lem 18.)			
Zoc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU Hour a. m. While Not wh p. m. 19 at work at work of work	hile focto	E OF INJURY (Hame, form, ry, street, affice bldg., etc.)		(Count)		(Stale)
21. I certify that I attended the deceased fram	Fe. 6	, 1958, to I	Feb. 16	1958	that (last :	saw the	deceased
alive an Feb 15 , 1958 , as	nd that death a	ccurred at 10:1	54Mram the	couses on	d on the d	ate state	ed abave
			ADDRESS (Street, ci				ATE SIGNED
SIGNATURE Showell works	mre M.	50 Persh	ning St.	, Cun	nberla	nd,	Md.
PHYSICIAN'S NAME (Type) Samued M. Jacobson	M.D.	Cumb	perland,	Mary	land	2/17	758
OFALOVAL /Consider	OF CEMETERY OR	CREMATORY	22d. LOCATION (Cumberla)	ity, town, or	county)	(Stat	e)
Burial Feb. 19,1958 Suns	et Memori	ial Park	umberla	nd, Ma	ryland		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRES		24a. REC'D	D BY REGISTRAR	24b. REGISTE	AR'S SIGNAT	JRE	1
John J. Hafer, Cumberland, Ma	ryland	DATEFEE	3 2 0 '58	Red	Ruch		

MARGINE CERTIFICATE OF DEATH

Constitution of the Calaboration fared man butter POT PROGRED AND PROCESS

BUREAU V. 2

FEB 20 1958



John d. ration, James manual resident bridge

POR STATE
HEALTH DEPT.

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al director. Page of for your files. Board of Health, AEDICALEXAMINER: This certificate should be executed within 24 hours after death. If any delay is a certific, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the first be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be really DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Slave ignated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

execute the certain 4 sheet the forward to Full DIRECT or its disignated a

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01400

1472			Reg. Di	ist. No.
1. FLACE OF DEATH O. COUNTY Allegany	MARYLAND		/here deceased lived. If institution: Reside d . b. COUNTY A]	legany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest, town) Westernport	c. LENGTH OF STAY IN 16	1.1 1000	autside corporate limits, write RURAL and ernport	f give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp 154 River Road	ital, give street address)	d. STREET ADDRESS 154 Rive:	r Road	e. IS RESIDENCE ON A FARM? YES NO-T
3. NAME OF First DECEASED (Type or print) James	Estel 1	Kenny	4. DATE Month OF Feb.	10 19 58
5. SEX 6. COLOR OR RACE 7. MARRIER White WIDOWED	DIVORCED A	pril 23-18	97 00 yrs.	Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. Ki during most of working life, even il setired) Merchant- Grocery	nd of Business or Industr & Meats			S.A.
John J.Kenny		Mary V	Brophy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Yes W. W. I		formant ife)Anna G	.M.Kenny, Western	nport,Md.
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	or (a). (b). and (c).}	sion		interval between sudden
gave rise to immediate couse	rdio-vascula	r disease		?
(a), stating the underlying DUE TO cause last. (c)		A. A. A. M. D. A. A. M. B. M. A. M. B. M. A. M. B. M.		
PART II. OTHER SIGNIFICANT CONDITIONS COL				PERFORMED?
	HOW INJURY OCCURRED. (En	iter nature at injury in Port	I or Part II of item 18.)	VI A W
Ö Haur a. m. While	Not while k of work	E OF INJURY (Home, form ry, street, office bidg., etc.	20f. (City or town) (Cos	unty) (State)
21. 1 certify that I took charge of the re- opinion death resulted from: Natural co			y 🔲, Inspection 📑 Inquir Homicide 🔲, Undetermined r	
ACTUAL SIGNATURE H- V. DEMINER	rg M.D.	_M.D. CHIEF MEDICAL EX		DATE SIGNED
EXAMINER'S NAME (Type) H.V.Deming M.D.		DEPUTY MEDICAL	EXAMINER Feb. 16-	1958
Berial Sch 13/58	22c. NAME OF CEMETERY OR	buttery	22d. LOCATION (City, town, or county)	. md
23. FUNERAL DIRECTOR'S SIGNATURE	Short 1	A / DATE EB	D BY REGISTRAR 246. REGISTRAR'S SK	GNATURE

LEB 43 1828

BUREAU V. S.

ALLENGAR BY AND BY SERVICE OF THE ORDER

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1397 CERTIFICATE OF DEATH

01401

N.	1000	OEKIII IO	AIL OI DEAIL		Reg. Dist. No.	
59	PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COL	UNTY	
İ		LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		rite RURAL ond give nec	
	Cumberland	19days	Cumber]	and		
	d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION Sacred Heart Hos		d. STREET ADDRESS	enwood Stree	a+	ON A FARM?
-	3. NAME OF First	Middle	Lost	4. DATE		
1	DECEASED (Type or print) Estelle	F		OF DEATH		7 1958
ŀ	5. SEX 6. COLOR OR RACE 7. MARRIEI	4	Ketterman 8. DATE OF BIRTH		February 2	IF UNDER 24 HRS.
	Female White WIDOWED		May 12,1903	9. AGE (In) lost birth	day) Months Doys	Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life even if retired)	ND OF BUSINESS OR INDU				F WHAT COUNTRY
ŀ	13. FATHER'S NAME	Jome	W. Va.		U.S	· A •
۱			14. MOTHER'S MAIDEN N			
ŀ	Felix Swick			Ida Swick		
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	More, 17.	NFORMANT Patient®s Cha	art	Address	
F	18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]		0.1		ERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	andino -	es of	Lie an	ON	ET AND DEATH
Į	155. O IMMEDIATE CAUSE (6)	a will		(I O V		- AND THE
l			4			
I	Conditions, if ony, which gove rise to immediate (b)					
ı	couse (o), stoting the under-					
ł	lying couse lost.) (c)					
l	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	PERFORMED?
l	3					YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	ED. (Enter noture of injury in P	ort I or Port II of item 1	3.)	
	Hour o.m. While	URY OCCURRED 20e. Pl Not while fo	ACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
I	21. I certify that I attended the deceased	from Buens	(xt. 195/, 10 0	-27-19	2),that I last so	aw the decease
ı	alive on 2-20 195	D_, and that death	occurred at 10 A	M, from the cau	ses and on the do	te stated abov
l	Q 700	()		ADDRESS (Street, city or		DATE SIGN
ı	SIGNATURE SIGNATURE	on to	MD 16 94001	10 511	w Gerlai	JINd 2-7
ı	SIGNATURE			and fe-f		244 12-1232
I	NAME (Type) Dr. J. T. Johnson		/16 Gre	ene Street		
İ	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATOR Park	22d. LOCATION (City, 1	own, or county)	(Stote)
I	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNATU	RE
1	Laus steer Inc.	(unt)	MA DATE MA	R 3 '58 U	Wheauch	
		· ·	7			

ESUZ CERTIFICATE OF DEATH A, selected sel CASCINIAN TERMINA BUREAU V. S. COST S NAME OF TREES 158 Sund Mem 124 Com MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

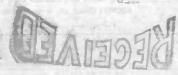
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BUREAU V. A.

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be reto		220
may be related. The hospital or attending physicion. The now requires from the acounce of the hospital or attending physicion. Toge 4. To run and the run of the run	Q	22
VS A15 (4) 15M 10/57	60	23.

											Reg. D	ist. No		LUG
1.	PLACE OF DEATH					2.	USUAL RESI	DENCE (Wh	ere decease	d lived. If institu		nce befo	re admissi	on) >
	6. COUNT	Allega	any	-	MARYLAND		o. STATE	Mary	land	b. COUNT		ega	nv	
	b. CITY OR TOWN (f outside corporate limi	ts, write	c. LENGTH OF	STAY IN 1b		c. CITY OR I		1000 1000 1000 1000	orate limits, write)
	Cumber 1	2		Lifeti	mo	V	Cuml	berla	nd			-		
-	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street		Line		A. STREET A		illu			-	e. IS RESI	DENCE
	OR INSTITUTION	***** 7 7 1	-			1	-	te 2.	Wiil	liams H	Road		ON A	FARM?
=	Route 2	, William		oad		11				TIGINS 1	ivau		IES []	NO 🔼
3.	NAME OF DECEASED (Type or print)	Anna		lizabet	th La	ir	los 1g	t	4. DATE OF DEATH	_	eb.	9		9 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER N	ARRIED [B. DA	ATE OF BIRTI	Н		9. AGE (In year		The state of the s	IF UNDE	
T	remale	White	WIDOWE	DIV	ORCED 🔲	Ma	r. 2.	. 186	0	lost birthday)		Days	Hours	Min.
	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSIN	ESS OR INDU	STRY	11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	Housewi	ring life, even if retired)	Own Ho	ome		Cin	nberl	and	Md		USA		
13.	FATHER'S NAME	16	XI I	OWII III	me	14	. MOTHER'S			ma.		ODDE		
	T	·		•										
15	JUST	In Grabe		SOCIAL SECURIT	V NO 117 1	NEOS	Marga	aret	muna	Mark the same of t	dress			
		(If yes, give war or dates of s		SOCIAL SECURIT										
_	no			none		OI	rge E	. Lai	ng,	Cumber	Land,	Md		
		TH [Enter only one co	use per lir	e for (o), (b), on	d (c).]		1						RVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	21	rae	2	ne	-				OIN.	on	The
	450.0			-	-		0							
	Conditions, if or	ny, which)	. (irte	rico	20	lar	021	2				4-	ne
	gove rise to in	mmediate (-											
	lying couse lost.	ine under-												
Z		HER SIGNIFICANT CON		ONTRIBUTING TO	O DEATH BUT	NOT	RELATED TO	THE TERMI	NAI DISEAS	E CONDITION G	IVENI INI PAG	T 1/0) 1	O WAS A	LITOPSY
ATIC							KEEP TO	THE TERRITOR	ALL DISENS	E CONDITION O	TATIA HAT W	1 1(0)	PERFO	RMED?
FIC	20- ACCIDENT WA	C HAIDEBLYING (T	20h DEC	COLOR MONA INCIDENT	INV OCCUPANT	D /5							YES []	NO 🗌
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	CRIBE HOW INJU	IKT OCCURRE	D. (Er	iter noture o	r injury in r	ort t or For	T II OT HEM IB.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. IN	JURY OCCURRE	20e. PL	ACE (OF INJURY (Home, form,	20f. (Cit)	or town)	(County)		(Stote)
AED	Hour o. m.	19	While of worl	Not while		стогу,	street, office	bldg., etc.)					
<				hand ha		6/3		7	7- 1	6 1	\$7.			
	21. I certify th	at attended the	decease	ed fram			192/	, ta	gat.	7-1, 192	e,that I	last so	w the	decease
	alive an	ner. 71	_, 19	Σ_{μ} , and	that death	acc	curred at.		_M, from	m the causes	and on t	he da	te state	d abave
		men 1	5	Lin	rett			~ 1	ADDRESS (S	tresh city or town	, stote)		Z. PA	TE SIGNE
	ACTUAL SIGNATURE	ckery	-	A	27	M.D.	1 2	560	14.6	er m	25.		11	1-1
	PHYSICIAN'S NAME (Type)													
220	BURIAL CREMATION	N. 22b. DATE THEREC	F	22c. NAME OF	CEMETERY	P CPI	EMATORY		22d LOCA	TION (City, town,	or count \		154.	
	REMOVAL (Specify)	2-12-19			eter 8				~		2 202		(Stote	1
23	FUNERAL DIRECTOR'S			ADDRESS	001 0	U I	aul	24- BEC15	BY REGIST	berland	ISTRAR'S SI	CNIATU	E	
		Scarpel	li	Cumber	land	Mo	1		BI KEGISI		ISTRAK 5 SI	GIVATUI	1	
	oumes I.	Degr Der	9	oumber -	واللقالات	TATO		DATE	CCD 1 1	'58 6	001		1.	

MARKELAND STATE DEPARTMENT OF HEALTHARD STATE OR ALTHOUGH TO

BUREAU K.

FEB 11 1958

TO FUN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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death certificate assembly

TO FUNE

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01405

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Allegany MARYLAND	state Maryland county Alkegany					
CITY (If outside corporate limits, write RURAL LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL and give nearest town)					
OR and give nearest town (in this place) TOWN Westernport	Westernport					
HOSPITAL OR	STREET (If rurel give location)					
INSTITUTION OR STREET ADDRESS Church St	ADDRESS Church St.					
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)					
(Type or Print) Joseph L	Mansfield OF TEATH Feb 19 19 58					
5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8.	DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR					
Male White Spacif Married	July 3,1877 80 yrs. Months Days Hours Min.					
Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT					
dona during most of working lifa, even if ratired Retired News Stand	Westernport Md U.S.					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
W.F.Mansfield	Mary Carney					
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY						
(Yes, no, or unk.) (If Yas, give wer or detes of sarvice)	PICA •					
	Mrs. Nora Mansfield, Westernpor					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH					
1 IMMEDIATE CAUSE (A) Coron on	y Embelus 11 Hours					
DUE TO	1 - 1100.0					
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)						
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH						
190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
None	YES NO 💢					
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (Stata)					
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While Not while M. et work at work						
22 I haveby cartify that I attended the deceased from Fe	b. 19 , 1958 , to Fub 19, 1958 , that I last saw the decease					
SIGNATURE	urred at					
D. 0/24/1/1 22	10. Piedmont W. Vd. Feb. 21 As					
	TERY OR CREMATORY LOCATION (City, town, or county) (State)					
	eters Cemetery Westernport, Md.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE					
FFB 2 4 '58 (RU Leduch	111Hand Fulden Coldman MAI					

KERTINGATE OF DEATH

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James ma

D. Jane

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BUREAU K. S.

FEB 24 1958



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Million Francis and the Manager of the State of

BUREAU V. S.

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ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a

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PL	ACE	OF I
b.		OR AL o

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1435

CERTIFICATE OF DEATH

1. PLACE OF DEATH	legany		MARYLAN	D 2. USUAL R	ESIDENCE (W Maryl	here deceased liv	red. If instituti b. COUNTY		e before odmission)
b. CITY OR TOWN (If RURAL and give nec	outside corporate limit	s, wrile	c. LENGTH OF STAY IN 1	b c. CITY		outside corporate kep	a timits, write f	RURAL and giv	ve nearest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g	ive street (oddress)	d. STREE	T ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mary	st	Middle C •	Mec	abe	4. DATE OF DEATH	Febru	lary	Day Year 17 19 58
s. sex Female	White	WIDOWE		Janua	ry 25	,1878	AGE (In years last birthdoy) 80 yrs.	Months D	YEAR IF UNDER 24 HRS. Doys Hours Min.
House	N (Give kind of work of ing life, even if retired)	lone 10b.	Own Home	Lo	nacon	ing, Mar		100	ZEN OF WHAT COUNTRY $J_{\bullet}S_{\bullet}A_{\bullet}$
13. FATHER'S NAME	atrick Ma	arti	n	14. MOTH	Cathe	rine Ba	איניים		
1S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.		7. INFORMANT	Ç a a re.	2 4210 100		fress	
Yes, no. or unknown	If yes, give wor or dates of u	rvice]	none	Angela	MeCal	be	Nik	ep, M	id.
Conditions, if an gove rise to in code (o), stating the lying couse tost.	he <u>under-</u>)	pertensive Arterio S	clerosi	S				6mo
3 360 x D	iabetese	Mil		8yrs	. 3			VEN IN PART	PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OCCU	RRED. (Enter notu	re of injury in	Port I or Port II	of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	/ Month, Day, Yes	While	NOT while to the control of work to the control of work to the control of the con	PLACE OF INJU factory, street, o	RY (Home, form ffice bldg., et	m, 20f. (City or	town)	(Co	ounty) (State)
alive of	age X	195	Gredit N	ath accurred	at_3_3	Heb M. fram t Abbitess (street	the causes of th	and an the , stote)	ast saw the deceased e date stated above DATE SIGNED
220. BURIAN CREMATION			22c. NAME OF CEMETER	Y OR CREMATOR	Υ	22d. LOCATIO	N (City, town,	or county)	(Stote)
BRATA (Section)	2/20/8		St Gabria	als Cem	eterv		cton.		Md.
23. FUNERAL DIRECTOR'S		1.319	ADDRESS		24a, REC	D BY REGISTRA	R 246 REG	ISTRAR'S SIGN	7
George	Eichhorn		Langeaning	- N/A	DATE	FEB 2 0 '58	, Co	heau	UN

TO HOSPITAL OR VS A15 (4) 15M 9/SS

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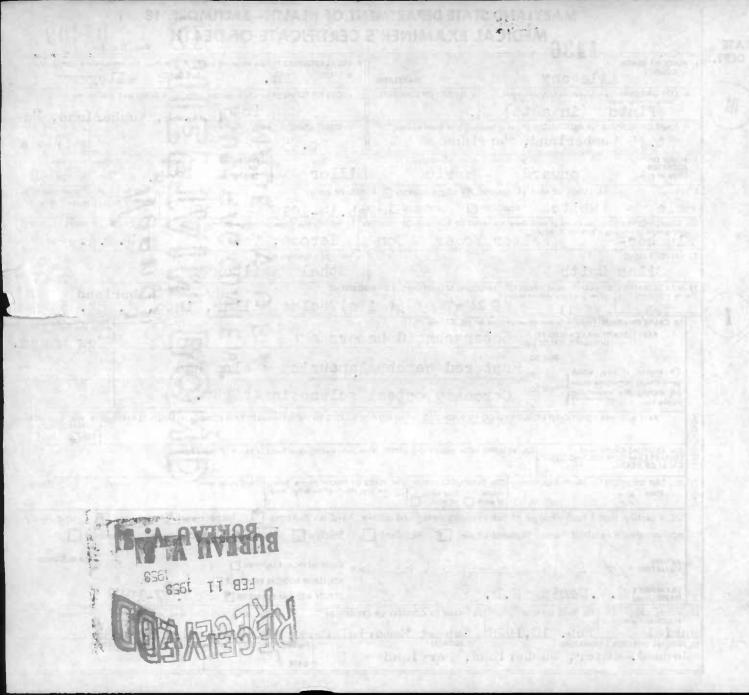
Board of Heolth, , please he certified withing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fuzzare be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be religiously pages 1 and 2 with the State of DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the 5. In along the pages 1 and 2 with the 5. TO DEPUTY MEDI or its

TO FUR VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1426 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01409

	1200					
1. PLACE OF BEATH o. COUNTY A	llegany	MARYLAND	2. USUAL RESIDENCE (NO. STATE MO			esidence before admission) Allegany
b. CITY OR TOWN (If Pinto		c. LENGTH OF STAY IN 16		Pintor		and give nearest fown)
	umberland,	n hospitol, give street oddress) aryland	/d. STREET ADDRESS Rt.#5			e. IS RESIDUNCE ON A FARM? YES NO 3
3. NAME OF DECEASED (Type or print)	Conward	Maurice	Miller	4. DATE OF DEATH	Month Feb.	7 19 58
5. sex Male		ARRIED R NEVER MARRIED 8	Peb.14-1910	lost	SE (In years birthday) Nonth	DER TYEAR IF UNDER 24 HRS. 15 Days Hours Min.
100. USUAL OCCUPATIOn during most of working Plumber -	ON (Give kind of work done) of g life, even if retired) Walte	оь. KIND OF BUSINESS OR INDUST r Yoder & Son	Jerome	ar fareign country	12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Silas	Smith		Ethel Ha			
	ER IN U. S. ARMED FORCES? (If yes, give war or dotes of service)	16. SOCIAL SECURITY NO. 17. H 2 20-10-0/65 (W)		Miller,	Address Cuml Pinto, M	d. Rt.#5
PART I, DEAT 330 X Conditions, if or gove rise to immed	DUE TO RU	ubarachnoid he ptured cerebra	alaneurism	also		interval between A buser and death A few hours
(o), stoting the u) (c)	oronary osteal				PART MANUE ANTORSV
25						PERFORMED? YES NO
	TRIBUTING []	CRIBE HOW INJURY OCCURRED. (E				
20c. TIME OF INJUR		20d. INJURY OCCURRED 20e. PLA While Not while facts of work of work	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City or to	en)	(County) (State)
		he remains described abaral causes 🃑 Accident [d manner
ACTUAL SIGNATURE /	f.V.Den	ing M. D.	_M.D. CHIEF MEDICAL E			DATE SIGNED
	V. Deming M.	D.	DEPUTY MEDICAL		Teb. 7-1	
REMOVAL (Specify) Burial	Feb. 10,19	1974	rial Park	Cumberl	and, Mary	yland,
John J. H		land, Maryland	24o. REC	EB 1 1 58	246. REGISTRAR'S	Buch



VS A15 (4) 15M 10/57 N

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MARYLAND	STATE DEPARTMEN	T OF	HEALTH-BALTIMORE,	18

L			25	CERI	IFIC	AIE OF	DEATH	1		Reg. D	ist. No	114	.10	
1.	PLACE OF DEATH a. COUNTY	Allegany	7	MAR	YLAND	2. USUAL RES o. STATE	Mary.		d lived. If instituti b. COUNTY			gany		
	RURAL and give	(If outside corporate limits nearest town)	, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If o	utside corpo	rote limits, write R	URAL ond	give ne	arest tow	n)	
L	Frost	burg		27 days		22	Fros	tburg			- 15			
	or institution Miner	S Hospital gives Hospital	re street	address)		d. STREET		. Mai	n St.				SIDENCE A FARM?	
3.	NAME OF DECEASED (Type or print)	ANDREW		FRANCI	S	MORRI		4. DATE OF DEATH	FEBRUA		Do	2	Year 19 58	
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔼	8. DATE OF BIRT	гн		9. AGE (In years last birthday)			IF UND	ER 24 HRS.	
	male		WIDOWE			July 1		387	/O yrs.	Months	Doys	Hours	Min.	
10	 USUAL OCCUPAT during most of wo 	TON (Give kind of work dorking life, even if retired)	one 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY	
1	rectred	janitor	Ke	lly-S. T	ire	Сф.	Mary.	land			U.S	.A.		
113	FATHER'S NAME			•		14. MOTHER'S								
		Morris					ion \	I. Ad	kins					
15	NAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO	0. 17. 1	NFORMANT	13		Addr	ess				
H		(If yes, give war or dates of sen	4-1	7-07-070	< M.	iss Mar	tna 1	4orrı	s, Fros	tbur	g,	Md.		
		ATH [Enter only one countries of the cou										ERVAL BE		
	immediate cause (o) Acute Leukemia - Lymphocytic.											10 days		
	20710	DUE TO												
	Conditions, if any, which gove rise to immediate (b)													
	cause (o), stoting the under-													
Z	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY													
ICATION	Mu	cous Colit	is							EN IN FAR	1 1(0)	PERFO	RMED?	
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH													
			Jan 1 11	XX	-									
MEDICAL	Hour a.m.	Hour a. m. While Not white factory, street, office bldg., etc.)								County)		(Stote)		
×	p. m.	XXX IV	at work	O1 XcoX X		XXX		<u>i </u>		XXX				
	21. I certify that I attended the deceased from Jan. 11, 19 58 to Feb. 8, 1958, that I last saw the deceased													
	alive an Feb. 8, and that death accurred at 10 P.M. from the causes and an the date stated above.													
	ADDRESS (Street, city or town, state) DATE SIGNED													
	SIGNATURE MANAGEMENT WITH M.D. 48 Broadway 2/11/8										11/58			
	PHYSICIAN'S NAME (Type)	Martin Ro	ths	tein, M.	D.		Frost	burg	, Md.					
220	BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town, o	r county)		(State	e)	
-	REMOVAL (Specify		195		chae	el's Ce	meter	y F	rostbur	g. M	d.			
23.	FUNERAL DIRECTOR			ADDRESS			240. REC'D	BY REGISTE			SNATUR	E		
	J. R. D	urst, F	ros	tburg, M	d.		DATE F	EB 1 3	58 00	Les	nel			

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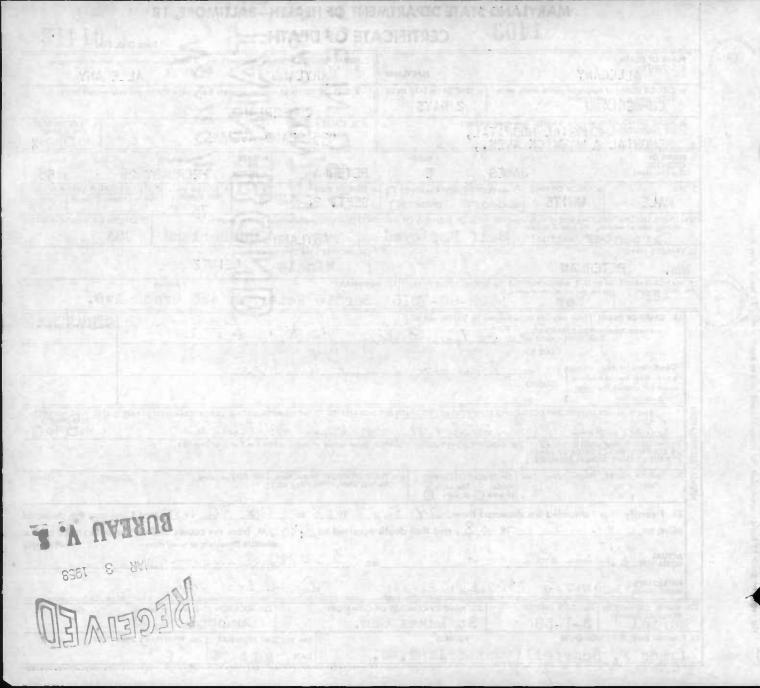




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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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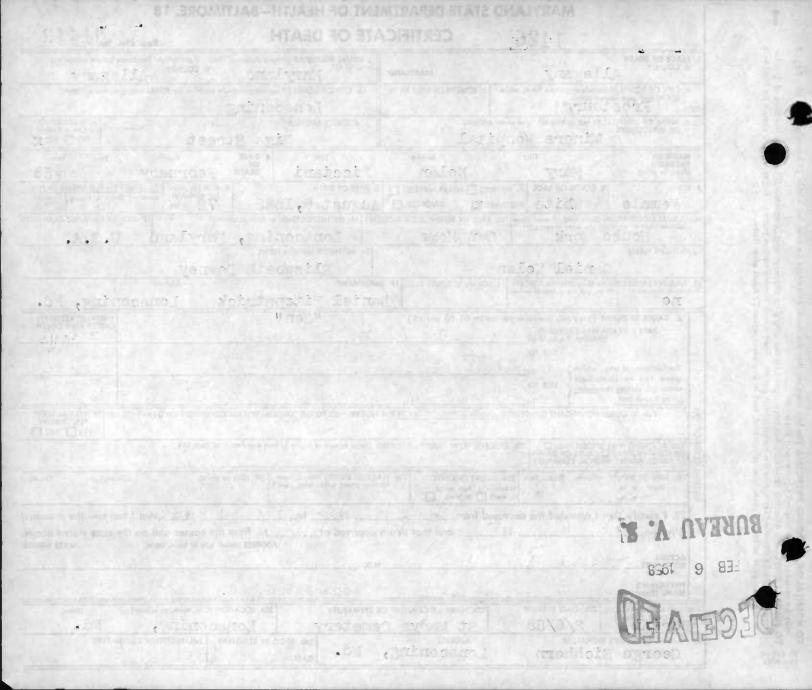
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1	2	Ιt	tem 20 Film 220 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8								
FOR STA			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No	1414							
4) 4)			PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of the country of the co									
Poge files.	7	b	b. CITY OR TOWN (If outside corporate limits, write BURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits write R									
कें केंच			Cumberland 4 months 02 Cumberland	02 Cumberland								
Boord Boord	1	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	d. STREET ADDRESS e. IS RESIDENCE								
in the second	THE STATE OF		230 New Hampshire Ave. 230 New Hampshire	Ave.	YES NO							
the further strategies the St.	9	{	NAME OF DECEASED (Type or print) Cynthia Kay Plummer DEATH Feb		1/							
oy to hith		5. \$	formal of the first the fi	Manths Doys	Hours Min.							
5 m 5 m			TEMALE WILL WIDOWED DIVORCED Oct. 18-1957 O yrs. O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)		WHAT COUNTRY?							
Page an	Ne Ne		None Cumberland, Md.									
offes 1		-	FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
Pog a po			Harold O. Plummer Tresa G. Sponaugle									
Sive Sile	1)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates al service)	Cumban	Land Md							
Tim Time			no none (father) Harold O. Plummer 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]									
lang per			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Sphyxia a few min									
in lin lin lin lin lin lin lin lin lin l	1	9210 DUE TO										
Offi of-tr	1		Conditions, if any, which) (b) Aspiration of stomach contents.									
in person			gove rise to immediate cause (a), stating the underlying DUE TO									
shoroning on o		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART YOU'S	VACALITORSV							
icate endir al Ex used	2	САПО	TAN IN COMMISSION CONTROL OF THE PERMITTER OF THE PERMITT		PERFORMED?							
d redic		CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY GO CONTRIBUTING GO DESCRIBE HOW INJURY OCCURRED HEAT PAINT IN THE LOT BOOK IN									
worker work		1.51	Couple days before had a sore throat.									
Ship the	02	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Cumberland	(County) Allega	(Stote)							
MIN iting	00	¥	21. I certify that I took charge of the remains described above, held an Autapsy k, Inspection	Inquiry 🖈								
EXA e, wi			opinion death resulted fram: Natural causes . Accident Suicide , Hamicide . Undeter	" I have "	,							
Prord ogo												
for for otec	2		SIGNATURE M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED							
the the sign		Ы	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Feb. 18	1058								
Property of St		220.	NAME (Type) 11 . V . DETILING 11 . D . DEPUTY MEDICAL EXAMINER 1 1 . D . LO. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, fown, or		(State)							
or its	8		Burial 2-18-58 Hillcrest Burial Park Cumberland,		(3.0.0)							
VS. A15ME	1		amod F Scarpolli Climber and Md	TRAR'S SIGNATURE								
5M 2/57		_	There? Scarlell: DANES 20 58 (16)	-1								
		-	2060303XV5	and a								



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The way of the country is built we propose to an exact the country to be explained. The

ADDRESS

24a. REC'D BY REGISTRAR

ON A FARM?

Yeor

1958

(State)

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

FUN 0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE DE DEATH

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REAU V. S.

FEB 25 1959

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etained by the haspital ar attending physician.

At DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled the betached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 25 prior to burial, crematian, ar remayal, and in any event within 72 hours offer death.

ADING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

may be r	page 3 the regist
VS A15 15M 10	(4)

	1444	CERTIFIC	AIE OF DEATH			Reg. Dist. N	lo.			
. PLACE OF DEATH				nstitution: Residence before admission)						
0. COOM	Allegany	MARYLAND	o. STATE Marvl	and	b. COUNTY	Allega	ากซ			
b. CITY OR TOWN	I (If outside corporate limits, write	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Frost		Lifetime	22 Frostb							
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, give stre		d. STREET ADDRESS e. IS RESIDENCE							
	ple Street		/ 34 Map	le St				A FARM?		
3. NAME OF	First	Middle	Lost	4. DATE	Mon	th	Day	Yeor		
(Type or print)	MILTON	W.	RACE	OF DEATH	2		18			
5. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEA		19 58 6		
Male		WED TO DIVORCED	9-6-1874		lost birthdoy)	Months Days		Min.		
Oa. USUAL OCCUPA	TION (Give kind of work done 1)		HISTRY 11 RIPTHPLACE (State	or foreign cour	83 ^{yrs.}	12. CITIZEN	OE WINA	T COUNTRY		
_ during most of w	Orking life even it retired) 1	Livestock Des			,,			COOMIKI		
3. FATHER'S NAME	4401	TAGS OCK DO	14. MOTHER'S MAIDEN N			Uer	3.A.			
^	, ,									
Conrac			Sophie B	otel				-10		
Yes, no. or unknown)	(If yes, give wor or dotes of service)		INFORMANT		Addr			(Son		
No	None		Ralph M. Rac	e, Bea.	LIS Lar	ie, Fro	stbu	urg, M		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Browchelickie CARCINOMA ONSET AND DEATH										
162,1 DUE TO										
Conditions, if	ony, which)									
gove rise to immediate OUT TO										
couse (o), stoting the under-										
PART II. C	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMI	NAL DISEASE (ONDITION GIV	EN IN PART I(a)	I WAS	AUTOPSY		
PART II. C	itenio scha		/ / .			EIV IIV I NO	PERF	ORMED?		
200 ACCIDENT WAS HINDSPLYING TO 200 DESCRIBE HOW BUILDY OCCUPANT OF STATE OF THE BALL OF THE STATE OF THE STA										
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CR CONTRIBUTING CAUSE OF BEATH If EITHER, NOTIFY MEDICAL EXAMINER)										
		numer occupes les	NACE OF NAMES OF							
20c. TIME OF INS	. Whi		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	i, j 20f. (City o	r town)	(Count	γ)	(Stote)		
p. m	. 19 oi w	rork ot work								
21. I certify	that I attended the dece	ased from SCP	£ , 1957, to /	Ect 10	8 1958	that I last	saw the	decease		
alive an/	Feb 10 19		th occurred at 3:20	PM from	the course of	nd on the d	lata stat	ad abau		
	0 1 00	, , , , , , , , , , , , , , , , , , , ,			et, city or town,			ATP SIGNE		
ACTUAL	Jahn Coll	evers	134	FI	Pario		2	130/50		
	111	\sim	_ M.D					20/00		
PHYSICIAN'S NAME (Type)	JOHN C. L	LUCRS	FIIO	576	UNG	17-1				
20. BURIAL, CREMAT	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OP CPEMATORY	224 LOCATIO	N. (City Issue	//				
REMOVAL (Specif					N (City, town, o	r county)	(Sto			
Burial 3. FUNERAL DIRECTO	014 4101112110	Frostburg Me		Frost	7			Id.		
G 1 111	Aaler Aaler	Funeral Hon	10 24a. REC'I	D BY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT	URE			
Devert H.	Myllemy 23 E.	Main.Frosth	ourg. Md . DATE FF	R 2 4 '58	11992	LORILLA				

CERTIFICATE OF DEATH

BUREAU K.

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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

may be retained. The haspital ar attending physician.

To MUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to build be detached for use as the build-transit permit. Then please remove carbon papers. Pages the regist or prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1437 **CERTIFICATE OF DEATH**

Reg. Dist. No. 1417

1. PLACE OF DEATH g. COUNTY	ALLEGANY		MARY	YLAND	a. STATE	ENCE (WH	A	l lived. If institution b. COUNTY	- 100		e odmissi EGAN	
RURAL and give no		ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR T	OWN (If o	utside corpor	ate limits, write R	JRAL ond g	ive near	rest town) ,
	HART		LIFE			CKHA	RT					
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, g	give street	address)		d STREET A	DDRESS				e		FARM?
3. NAME OF DECEASED (Type or print)	MARY	st	Middle	717	Lost	777	4. DATE OF	Mon	th	Day		Yeor
5. SEX	de Auto divido de color	7	₩.	- de	REPHANN		DEATH	FEB.	lie i i i i i i i i i i i i i i i i i i	23		19 58
FEMALE	WHITE	WIDOW	RIED NEVER MARRI		B. DATE OF BIRTH	0 7	222	9. AGE (In years last birthday) 60 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.		OR INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co		112. CITI	ZEN OF	WHAT	COUNTRY
during most of work HOUSEWOR	king life, even it refired)	OWN HOME	-		YLAN				U.S		000111111
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME	4-11-0	11.0			
JAME	S CONDON				ELLA	RAF	FERTY	STEPALD?				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	FORMANT			Addr	ess			
,			NONE	W	1. H. R	EPHA	NN, E	CKHART.	MD.	9-		
		1	orona	in	ial 9	ers	uff	non	eg !		Mu y	
lying cause lost.	the under-)		7								
3 260 ×	HER SIGNIFICANT CON	DITIONS O	antributing to be	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	PERFO	AUTOPSY RMED? NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of	injury in P	art I or Part	Il of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while of work	20e. PLA fact	CE OF INJURY (Flory, street, office	lome, form, bldg., etc.	20f. (City	or town)	(Ca	ounty)		(Stote)
21. I certify the alive on	at attended the ZZ W. O. MC	195			occurred at a	E.	M, from ADDRESS (SIN		nd an th	e date	e state	deceased abave to signed abave 24
220. BURIAL, CREMATIO			22c. NAME OF CEM	ETERY OF	CREMATORY			ION (City, town, o	s court-d		15	
BURIAL (Specify)	2-25-19				TERY			HART. N	(D)		(Stote	=}
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		7	240. REC'E		RATE 24b. REGIS	TRAR'S SIG	NATURE	1	
J. R. DI	URST. FRO	STRE	IRG. MD.			DATE		00	-nes	ue	4	

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TO HOSPITAL OR may be retained TO FUNERAL DIRECTORS 1 Lid be like regis, or prior

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1406 CERTIFICATE OF DEATH

Reg. Dist. No. 1418

1, PLACE OF DEATH o. COUNTY AL	LEGANY		MARYLA		USUAL RESIDENCE	Where decease	d lived. If institution b. COUNTY		before admission	on)
b. CITY OR TOWN (III RURAL and give ne CUMBERLA	f outside corporate limitarest town) ND, MD	ts, write	LENGTH OF STAY IN	1 lb		GELEY, 1	wo VA •	URAL ond gi	ve nearest town)	·
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, of		Fig. Sec.		d. STREET ADDRES	INS STRE	3T		e. IS RESIDENCE ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	HOWARD	st	Middle R		RHODES	4. DATE OF DEATH	Mon		16,195	8
5. SEX	6. COLOR OR RACE	7. MARRIE	DIVORCED		AUGUST 13	-1929	9. AGE (In years last birthday) 28 yrs.		YEAR IF UNDER	R 24 HRS. Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired)	ind of Business or			T VIRGI		12. CITIZ	U.S.A.	COUNTRY?
LE	O RHODES					BERTIE I	ROWE			
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give wor or dates of t	ervice)	OCIAL SECURITY NO. 34-38-8994	17. INFO		L HOSPI	Add TAL CUMBE		MD.	
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	the under-)							8-21	àt 35
CATIO			ONTRIBUTING TO DEAT					VEN IN PAKI	PERFOR	RMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCI	KIBE HOW INJUST OC	CORRED. (enter noture of injul	ry in Fori i or Fo	rr ii or nem 10.j			
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. IN. White of work	Not while	Oe. PLACE factor	OF INJURY (Home, y, street, affice bldg	, form, 20f. (Cil	ly or town)	(Co	ounty)	(State)
21. I certify the alive an	oat I attended the	195	d from O'	death ad	., 19.55, to corred 6:50	_AMM, fro	m the causes of Street, city or Syn,	and an th	e date state	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEMET Rest Lawn				ATION (City, town, aberland.	or county)	(Stote)
23. FUNERAL DIRECTOR			ADDRESS berland, Md			REC'D BY REGI		STRAR'S SIG	NATURE	

EEB 30 1958

VS A15 (4) 15M 10/57

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21)	III Budden		Juce de	113
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THE RESERVE TO SECTION ASSESSMENT	I I was		ATTACHER STREET, MAIN AND AND AND AND AND AND AND AND AND AN	
a Come to Man	low Note Herrison	Market English		3/1
	no Note Herrison		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			College College	
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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

After this certificate has been signed by the attending physician and completely fille hed far use as the burial-transit permit. Then please remave corbon papers. Pages rial, cremation, or removal, and in any event within Ze haus ofter death.

ould be detoched far use as the buriol-transit permit.

TO FUNER

VS A15 (4) 15M 9/55

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Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	O STATE NE	here deceased lived. If institutions and b. COUNTY	Residence before admission) Allegany
b. CITY OR TOWN (I RURAL and give ne Cumber		6. LENGTH OF STAY IN 16 6/5/52	c. CITY OR TOWN (IF	outside corporate limits, write RUR	AL and give nearest town)
OR INSTITUTION	AL (If not in hospital, give stree	Infirmary	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mattie	Middle C •	Simmons	4. DATE Month OF DEATH February	26, Year 1958
5. SEX Female	I Idlo 4 to a	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12/20/1890	last birthday)	UNDER 1 YEAR IF UNDER 24 HRS Aonths Days Haurs Min.
10a. USUAL OCCUPATION during most of work Housewi	ON (Give kind of work done 10b ring life, even if retired)	. KIND OF BUSINESS OR INC	West Vir		U. S. A.
13. FATHER'S NAME	Owen McCullo	ugh	14. MOTHER'S MAIDEN Belle	Rexroad	
	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17		ox 599 Address unty Infirman	Cumberland, Mo
	TH (Enter only one cause per I TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (o), (b), and (c).	uconan	y Hypost	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a	ny, which) (b)	Chron	is mys	cardités	?
gave rise to is cosse (a), stating lying cause last.	the under- CC (c)	berel	eral art	crioselero	060 ?
Ē.	Sem	16 60 40	you's	INAL DISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED? YES NO
U (IF EITHER, NOTIFY	AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OF CUR	RED. (Enter nature of injury in	Part I or Part II of item 18.)	
ZOc. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Home, form factory, street, office bldg., etc.		(County) (State
21. I certify the	at I attended the decea /26/58				that I last saw the deceased an the date stated above
ACTUAL SIGNATURE	Jaccob?	Wear		ADDRESS (Street, city or town, sto	
Ideater (1984)	Dr. James E.	McLean		and, Maryland	
BENDAMP (Specify)	1 Mar. 58	Waxler Ce	metery	22d. LOCATION (City, town, or of Dawson,	Md.
23. FUNERAL DIRECTOR'	S SIGNATURE /	ADDRESS	24n DEC	D BY DEGISTRAD 245 DEGISTE	AP'S SIGNATURE

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VS A15 (4) 1SM 9/SS

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
4 4 4 0	CERTIFICATE	OF DEATH	

	1.	410	CERTIFICA	ATE OF D	EATH	ı		Reg. Dis	1114	22
1. PLACE OF DEATH a. COUNTY	e.gany		MARYLAND	2. USUAL RESID		Virgi	lived. If institut b. COUNTY			dmission)
b. CITY OR TOWN RURAL and give	(If outside carporate limit	s, write c, L	ENGTH OF STAY IN 16	c. CITY OR T			rate limits, write f			tawn)
	erland		18 days		eyser	Rt.	# 3		85	X-5
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, gi	rt. Host		d. STREET A	obress g Rt.	# 220)		1 0	RESIDENCE
3. NAME OF DECEASED (Type or print)	Fire	the state of the s	Middle William	last		4. DATE OF DEATH	Mod	nth	Day	Year
5. SEX		chael		B. DATE OF BIRTH	0.47		9. AGE (In years	TIEUNDER		19 58 INDER 24 HRS.
J. JLA			NEVER MARRIED DIVORCED	Nov. 25			last birthday)	Manths	Days Ha	The state of the s
Mala OCCUPAT	ION (Give kind of work d	WIDOWED _					84 yrs.	lan cur	ITENI OF W	HAT COUNTRY
Labor	rking life, even if refired)		Lanese Corp.		Pa. I	Bedfor		12. (1)		S.S.
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
John	Skelley			R	achae]	L Thom	las			
15. WAS DECEASED EV	ER IN U. S. ARMED FORG		AL SECURITY NO. 17.	NFORMANT			Add	iress		
No,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	217-	-10-1846-A M	r. Samue	1 L. S	Skelle	y Rt. #	3 Кеу	ser. I	W. Va.
18. CAUSE OF DE	ATH [Enter anly one car	use per line far	(a), (b), and (c).}-						INTERVA	L BETWEEN
PART I. DE	ATH WAS CAUSED BY:	60	mer il es.	seendin		Con			Sec. A	ND DEATH
Canditions, if	DUE TO									
gave rise to	immediate (DUE TO				3 mg 13					
gave rise to couse (a), stating	immediate DUE TO				D P					
gave rise to couse (a), stating lying cause last	immediate DUE TO		RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION GI	VEN IN PAR	PE	AS AUTOPSY
ZODA ACCIDENT WAS OR CONTRIBUTION (IF EITHER, NOTIF	immediate DUE TO the under CC (c) THER SIGNIFICANT COND	DITIONS CONT	RIBUTING TO DEATH BUT					VEN IN PARI	PE	REORMED?
gave rise to couse (a), stating lying cause last	immediate g the under: (c) CHER SIGNIFICANT COND (AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRE		f injury in P	art I ar Part	t II of item 18.)		PE	REORMED?
gave rise to couse (a), stating lying cause last PART II. OI PART III.	immediate g the under- (c) CHER SIGNIFICANT CONE (AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) (RY Month, Day, Yea	20b. DESCRIBE 20d. INJURY White of work deceased fi	HOW INJURY OCCURRED Y OCCURRED Not white of work Tam. 2 - 4	ACE OF INJURY (Foctory, street, affice	f injury in P	20f. (City	or town)	(c	PE YES	(State)
Que rise to couse (a), stating lying cause last PART II. OI PART III.	immediate 3 the under- (c) (c) (THER SIGNIFICANT CONE (AS UNDERLYING [] (G) [CAUSE OF DEATH Y MEDICAL EXAMINER] (RY Manth, Day, Yea	20b. DESCRIBE 20d. INJURY White of work deceased fi	HOW INJURY OCCURRED Y OCCURRED Not white at work	ACE OF INJURY (Foctory, street, affice	Hame, farm, bldg., etc.)	20f. (City	ar tawn)		PE YES	(State)
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gave rise to couse (a), stating lying cause last PART II. Of PART II. OF PART	immediate 3 the under 1 DUE TO 1 THER SIGNIFICANT CONE (AS UNDERLYING 1 GO CAUSE OF DEATH Y MEDICAL EXAMINER) (BY Month, Day, Year 19 (C) (AS UNDERLYING 1 GO CAUSE OF DEATH Y MEDICAL EXAMINER) (BY Month, Day, Year 19 (C) (C) (C) (C) (C) (C) (C) (C	20b. DESCRIBE 20d. INJURY White of work deceased fi	HOW INJURY OCCURRED Y OCCURRED Not white at work Tram. 2 - 4 Tran. 3 - 4 Tran. 3 - 4 Tran. 4 - 4 Tran. 4 - 4 Tran. 4 - 4 Tran. 4 - 4 Tran. 5 - 4 Tran. 6 - 4 Tran. 7 - 4 Tran. 7 - 4 Tran. 7 - 4 Tran. 8 - 4 Tran. 8 - 4 Tran. 9 - 4 Tran. 9 - 4 Tran. 1 - 4 Tran.	ACE OF INJURY () ctary, street, affice 1956 accurred at M.D	finjury in P. Hame, farm, bldg., etc.) 7. Cree	20f. (City 2 - 2 M, from ADDRESS (St	or town) 19 53 In the causes or reet, city or town, Illustration (City, town, aptown,	and on the state)	last saw the date s	(State) (State) The decease tated above DATE SIGNE

STEED STATE DEPARTMENT OF HISTORY DAYS OF the speciment of the second se a la alla gilla de la companya de la The second secon BUREAU V. E. 8961 8 8WW hondred the state of the same with the same of the sam

Anna tentral (0.7700) in the case of

VS A15 (4) 15M 9/5S

by the funeral directar,	12 should be filed with	(
y the attending physician and campletely fitte	then please remaye cochan papers. Pages 1 and 2 should be filed with	event within 72 hours ofte death.
y the attenc	Then plea	event within

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1411 CE

RTIFICATE OF DEATH	Reg. Dist. No. 1425

o. COUNTY Allegany	MARYLAND	o. STATE Maryla	nere deceased lived. If institution b. COUNTY	Allegany
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RI	URAL and give nearest town)
RURAL ond give nearest town) Cumberland	Life	02 Cumbe	erland	
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE
819 Bedford St.		819 Bed	lford St.	ON A FARM?
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mon	
(Type or print) LILLIAN		MITH	DEATH Feb.	17 -
	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
Female White widow		July 20,18	/L yrs.	
100. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) HOUSEWLIE	Own Home		or foreign country)	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
James Wright		Es	stelle Korns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess
(Yes, no, or unknown) (If yes, give war or dates of service)	None E	thel Johnson	on, Cumberla	nd, Md.
Conditions, if ony, which gove rise to immediate coese (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (c) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	FNOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item IB.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. White p. m. 19	_ Not while _ fo	ACE OF INJURY (Home, forn actory, street, office bldg., etc		(County) (State)
21. I certify that attended the decease olive on 7/1458 , 19 ACTUAL SIGNATURE The Company of th	7			,,that I last saw the decease and on the dote stoted above stole) DATE SIGNE
PHYSICIAN'S NAME (Type) Ob ha. A Te 220. BURIAL, CREMATION, 22b. DATE THEREOF	PPER 122c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, o	or county) (State)
REMOVAL (Specify) 2/16/1958	Rose Hill	Cemetery	Cumberland	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC	D BY REGISTRAR 246. REGIS	
Byron Kight Cur	mberland, Md	. DATE B	8 '58	Ruel
				CONTRACTOR .

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1
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		143	28	CERT	IFIC.	ATE C	F DEAT	TH			Reg. Di	st. No.	114	25
1.	PLACE OF DEATH a. COUNTY All	egany		MAR	YLAND	2. USUA o. ST/	AL RESIDENCE (VATE Mary)			institutio	All			sion)
	b. CITY OR TOWN (IF RURAL ond give new Frostbu:	outside corporate limi arest lawn) Pg		c. LENGTH OF STATE	Y IN 1b	11/1/2	os thur	If autside corp	orate limits	, write RI				n)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Winers Hospital							REET ADDRESS	Pleas	ant				ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	SARAH	st	Middl	e	STAR	Lost	4. DATE OF DEATH		Mon-	th	25	у	Year 19 58
	F F	6. COLOR OR RACE	WIDOWE		ED 🔲		0-1877		8	n years ribday) O yrs.	Months	Doys Doys	IF UND Hours	Min.
	D. USUAL OCCUPATION during most of working HOUSEWO: FATHER'S NAME WILLIAM	rik even if refired	100	KIND OF BUSINESS Ownhome	OR INDL	14. MO	Frostb THER'S MAIDEN	ourg				S.		T COUNTRY
	WAS DECEASED EVER			social security no Nono		INFORMAN	- 1/		(Son		"Fro			
	PART 1. DEAT 42 2 Conditions, if an gave rise to in cause (a), stoling to lying cause lost.	y, which hamediate he under-	A	Cereb rteriosc	ral	otic		ovascı				2	o y	rs.?
CERTIFICATION	20g. ACCIDENT WAS	CAUSE OF DEATH		CRIBE HOW INJURY							EN IN PAR	T 1(o) 1	PERFO	AUTOPSY DRMED?
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yea	While of work	Not white	20e. Pl	ACE OF IN	JURY (Home, for Laffice bldg., e	erm, 20f. (Cil	ly or town)		XXX	Counly)		(State)
	ACTUAL SIGNATURE	at I attended the 25/58	19	and the	death	M.D. 48	d of 1:30 Broad	OAM, fro ADDRESS (S dway	m the co Street, city o	uses a	nd on t		e stat	
	BURIAL, CREMATION REMOVAL (Specify) Burial	2-27-58		rostbur			al Par	k Fro	os thu	rg			(Sto	le)
13.	FUNERAL DIRECTOR'S		fer E.	Funeral Main, F:	Hor	burg	24a. REG	C'D BY REGIS	758 24	REGIS	TRAR'S SI	SNATUR	*	

OF SHORITIAS-XUALITIES TO THE SHORING WATER CONTRACTOR

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 01426 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY BALTIMORE PIKE b. COUNTY GANY MARYLAND ALLEGANY b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 eral c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 8HOURS 28 Min ROUTE 2. CUMBERLAND. MD CUMBERLAND d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 62 SACRED HEART HOSPITAL NAME OF First Middle 4. DATE Day Last Manth Year DECEASED 158. STEGMATER (Type or print) CT.ARA DEATH FEBRUARY S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Manths DIVORCED T eb.19,1884 WHITE WIDOWED | PEMALE 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home MARYLAND U.S.A. House work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GERTRUDE HOOK LEONARD STEGMATER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rose Stegmaier Route 2, Cumberland, Md. None No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2043 DUE TO Canditions, if any, which gave rise to immediate DUE TO caese (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, | 20f. (City ar tawn) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) (County) foctory, street, affice bldg., etc.] Hour a. m. While Nat while at work at wark p. m. 21. I certify that I attended the deceased from , 1920, that I last saw the deceased and that death accurred at 3:35PM, from the causes and an the date stated above. ADDRESS (Street, city or tawn, state) SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) St. Peter & Pauls Ce Cumberland, Md.

ADDRESS

Cumberland, Md.

24g. REC'D BY REGISTRAR

245. REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/SS 23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

CERTIFICATE OF DEATH

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BUREAU V. S.

FOR ST	ATE			ENT OF HEALTH—BALTIMORE, 18 S CERTIFICATE OF DEATH 11427						
HEALTH			PLACE OF DEATH . COUNTY Allegany MARYLAND	Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
Please files.		ь	ALLEGANY MARYLAND CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
yaur yaur d of			Cumberland 22 yrs I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Rawlings d. STREET ADDRESS e. IS RESIDENCE						
is ned of for de Boor	62		Sacred Heart Hospital	e. Is residence. ON A FARM. YES NO						
deloy re Star			NAME OF First Middle DECEASED Type or print) John Edgar	Stephens Death Feb. 10 19 58						
If any 3 to the noy be with the ars ofte		5, 5		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. In under 24 HRS.						
Page 5 rin 72 hou	Reti		USUATOR CUPATION TO LEGISLA CONTRACTOR USUATOR CONTRACTOR USUATO	May 12-1880 77 yrs. STRY 11. BIRTHPLACE (Stote or foreign country) Altoma, Pa. U.S.A.						
Pages 1 PM3. pages on with	(I)	13.	FATHER'S NAME William H.Stephens	Maria Reem						
Give Give ith form t. File amy ev		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 16. SOCIAL SECURITY NO. 17. 214-05-6040	Marion Rosenmerkle, Cumberland, Md.						
ed with tem 18. Ilang w I permi			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial he	emorrhage due to a lacerated onser and Deality about						
execut cil in 1 office o -tronsi			976× DUE TO hrain from a 2	2 caliber rifle bullet in 28 hrs.						
in pen in pen iner's C			gove rise to immediate couse (b) DUE TO (c), storing the underlying couse lost.							
ending" ending	7	ATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1						
is certificated by Medical Medical or priol, cr		CERTIFICATION		(Enter noture of injury in Port I or Port II of item 18.) right temporal region with a 22 rifle						
NER: The ng the ne Chief e 3 share or to br	abou	MEDICAL	Hour ANTON 8 CO While Not while	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State) tory, street, office bldg., etc.) Rawling, Allegany, Md.						
e, writined to the the the the the the the the the the			21. I certify that I took charge of the remains described ab opinion deoth resulted from: Natural causes, Accident	ove, held an Autopsy R, Inspection R, Inquiry R and in my						
orward OIRECTO	2		ACTUAL SIGNATURE HE V. D. EATTING M.D.							
or the care	2		EXAMINER'S H.V.Deming M.D.	ASSISTANT MEDICAL EXAMINER TO Feb. 10-1958						
execut 4 she		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF COMMOVAL (Specify) 2/12/58 Pose Hell							
VS. A1SME 5M 2/57		23.	FUNERAL DIRECTOR'S SIGNATURE INC. Cumb.)	1240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 1 3 '58 Company of the second of the se						

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TO HOSPITAL OR

VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	120	CERTIFICATE	OF DEATH
18	46.3	CERTIFICATE	OF DEATE

Reg. Dist. No. 1428

1. PLACE OF DEATH a. COUNTY	Allegany		MARYLAN	11 0	STATE Mary		lived. If instituti b. COUNTY		before add		
b. CITY OR TOWN (RURAL ond give no	If outside corporate limi	s, write	c. LENGTH OF STAY IN	lb c.	CITY OR TOWN (IF	outside corpor	ote limits, write F	URAL ond gi	ve nearest t	own)	
Frost	burg		6 hrs.	2:	22 Frostburg						
d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital, g	ive street	oddress)	d	STREET ADDRESS		- TO 123		e. IS	RESIDENCE V A FARM?	
Miner	s Hospita	1			Cente	ennial	St. e	xt.		□ NO □	
3. NAME OF DECEASED (Type or print)	ANNIE		(GREEN)]	HORPE	4. DATE OF DEATH	FEBR	ÜARY	14,	Yeor 58	
s. sex female	6. COLOR OR RACE White	7. MARE	DIVORCED		= 0F BIRTH		9. AGE (In years lost dirthdoy) yrs.		YEAR IF UI	NDER 24 HRS.	
10a. USUAL OCCUPATION during most of work housew	king life, even if refired	lone 10b.	kind of Business or in own home	NDUSTRY 1	1. BIRTHPLACE (Stole Mary)				S.A	AT COUNTRY	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN						
Amos	Green				Rebe	ecca P	oland				
IS. WAS DECEASED EVE			SOCIAL SECURITY NO.	7. INFORM			Add	ress			
	(ii yos, give war or cores or a		6-07-6519	Mrs	. Bessie	e Andr	ews, L	onacon	ning.	Md.	
PART I. DEA Conditions, if a gave rise to i couse (o), stoting lying couse lost.	mmediate (<i>H</i>	ypertens	Con	Cardio	rosc	land	is	y.	Ceys	
CATIC			ONTRIBUTING TO DEATH					EN IN PART	PER	AS AUTOPSY REFORMED?	
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (Ente	r noture of injury in	Port I or Port	II of item 1B.)				
ZOC. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yeo	While	NJURY OCCURRED 20e Not while at work	PLACE OF foctory, st	INJURY (Home, far reet, office bldg., et	m, 20f. (City o	or lown)	(Co	ounty)	(State)	
alive an ACTUAL SIGNATURE	at I attended the	decease _, 19_6				JAM, from	the causes of eet, city or town,	and an the			
PHYSICIAN'S NAME (Type)	John H			•		ostbur					
200. BURIAL CREMATIO REMOVAL (Specify) Burial	2-17-1		Oak Hil		metery		on (City, town, aconing			itote)	
23. FUNERAL DIRECTOR			ADDRESS		240. REC	D BY REGISTR		STRAR'S SIGN	NATURE		
J. R. Du	rst, Fr	ost	burg, Md.		DATE	86, 8 1 6	Release	edu.	/		

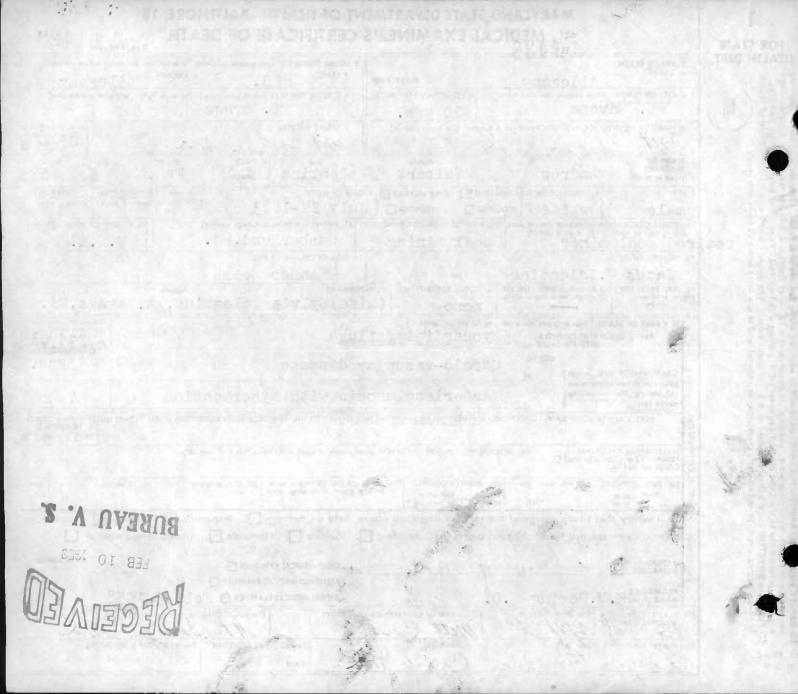
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BUREAU K. S.

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PLACE OF DEATH

o. COUNTY

Allegany

b. CITY OR TOWN (If autside carparate limits, write

RURAL and give neorest town)

Rea. Dist. No.

Allegany

2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission)

c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)

Maryland

b. COUNTY

MARYLAND

c. LENGTH OF STAY IN 16

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Frostburg Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 90 Frost Avenue llegany County Infirmary YES NO IN NAME OF Middle 4. DATE DECEASED Ernestine Viva Wittig DEATH February (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years Female White 12/20/1888 Manths WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
etired - Novelty Shop Keeper Frostburg, Maryland Retired U. S. A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Wieghorst George Henry Wittig 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O. BOX 599 Address Cumberland. Md. Allegany County Infirmary Records 5-20-6861-18. CAUSE OF DEATH [Enter only one cause per line for (o) /(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** catse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TEMMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) Hour o. m. Nat while at wark at wark p. m. 21. I certify that I attended the deceased fram. 19____that I last saw the deceased and that death occurred at 2:12P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Greene St PHYSICIAN'S Cumberland, Md. Dr. James E. McLean NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) rostburg Memorial Pont- Frostburg 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Hafer Funeral Home DATE

HT OF DEATH	ADMINIST CERTIFICA
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FOR STATE

DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any direy is necessary please executed within 24 hours after death. If any direy is necessary please executed the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the gold director. Page 4 sh, the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reflected for your files. O FUN XAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1, and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any event within 22 hours after death.

TO DEPUTY MED TO FUN VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1416

Rea	Dist.	NO	1	4	3	1
						-71

	o. COUNTY Al	Legany		MARYL	AND	a. STATE	Md .	b. COUNT	v	egany		
	b. CITY OR TOWN III of and give neorest fown) Cumbes	ulside corporele limits, write RU rland	IRAL	c. LENGTH OF STAY IN	1 1b							
		e or institution (if net to the control of the cont	at in hospi	tal, give street address)		d. STREET ADDRESS 313 Avirett Ave. e. IS RESIDEN ON A FARI YES \(\text{NO} \) NO						
3.	NAME OF DECEASED (Type or print)	Joseph		Middle		lost Yaksetich:	4. DATE OF DEATH	Moni Fe		Doy Year 14 19 58		
5.	male	1 .9 .1.	MARRIED	NEVER MARRIED	1	PATE OF BIRTH	000	9. AGE (In years lost birthday)		YEAR IF UNDER 24 HRS. Dys Hours Min.		
edl	o. USUAL OCCUPATION during most of working Merchant	N (Give kind of work don life, even if retired)			DUSTRY			7		N OF WHAT COUNTRY?		
13	3, father's Name Ui	nkn ow n				4. MOTHER'S MAIDEN Unknown	NAME					
110		R IN U. S. ARMED FORCE If yes, give wor or dates of servi		None		ormant H.H.record	d.Cum	Address berland				
	PART I, DEATH	I [Enter only one couse I WAS CAUSED BY: MMEDIATE CAUSE (o)		or (o). (b), and (c).]	clus	sion				onser and peath sudden		
	Conditions, if ony, which gave rise to immediate couse (c), stelling the underlying cause last. (c) Arteriosclerosis also malnutrition & emacia:								? ation.			
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDIT										
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a. m. While Not work of work of work of work											
	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner											
2	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI								DATE SIGNED			
		.V.Deming		Υ		DEPUTY MEDICAL				3		
	Ro. Burial, CREMATION REMOVAL (Specify) Burial	2/6/58	2	S. S. Pet			1	tion (City, fown, berland,		(Store) nd		
23	Charles L		umber	land, Md.			'D BY REGIST B 1 0 '58		STRAR'S SIGN	ATURE		

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